



STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track:	<input type="checkbox"/> OP

APPLICATION INFORMATION		
I, the undersigned, request enrollment in Clinical Training Only status for the following time period:		
Enrollment Type	Term	Year
<input type="checkbox"/> Practicum Only (PMO)	<input type="checkbox"/> Summer	_____

<p>Practicum Only Status (PMO) PMO status for Summer Quarter is not eligible for financial aid and may affect your repayment schedule.</p> <p>*Eligibility Requirements for Practicum Only Status for Summer Quarter:</p> <p>All training sites must first be approved in writing by the Director of Clinical Training</p>	Required Signatures:	
	_____	_____
	Student	Date
	_____	_____
	Director of Clinical Training	Date
	_____	_____
	Registrar Office	Date
	_____	_____
	Separation Date (Completed by Registrar Office)	

	Students: Return form to Clinical Training Office wcopca@pacifica.edu or Fax: (805) 565-5796	