



STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track: <b>OP</b>	Student ID: _____

APPLICATION INFORMATION			
Submit form prior to the start of the quarter that you will be enrolled in internship. Select the Course, Term and enter the Year.			
<b>Enrollment Type: Internship</b>	<b>Term</b>	<b>Year</b>	
<input type="checkbox"/> <b>CY 980 - Pre-Doc Internship (3 Units each Quarter)</b> Initial 3 consecutive quarter Internship enrollment ( <b>check first quarter of the 3 consecutive quarter enrollment</b> ). <u>Completing this form will cover three quarters of enrollment.</u>	<input type="checkbox"/> Fall	_____	
	<input type="checkbox"/> Winter	_____	
	<input type="checkbox"/> Spring	_____	
<input type="checkbox"/> <b>CY 980A - Pre-Doc Internship Extension (0 Units each Quarter)</b> 4 <sup>th</sup> quarter into internship or later. <u>Students requesting an Extension will need to register for this status at the beginning of each quarter that is needed.</u>	<input type="checkbox"/> Summer	_____	
Quarter follows OP track dates			

Student clinical files and financial accounts will be reviewed each quarter for eligibility. A quarterly fee will apply. Students may apply for financial aid for the initial 3 quarter enrollment period. Internship Extension enrollment is not eligible for financial aid and may affect your repayment schedule.

All training sites must first be approved in writing by the Director of Clinical Training.

Students must be enrolled in the Internship Course to accrue hours. Failure to complete this form before the quarter begins will impact your program timeline.

**Eligibility Requirements for Internship Status:**

- Successful completion of all coursework
- Passed the Comprehensive Exam
- Passed all Annual Assessments for Program Advancement
- Completed Practicum Training (before internship start date)
- Maintain Satisfactory Academic Progress
- Registration occurs within Program Time Limit date

**Required Signatures:**

_____ Student	_____ Date
_____ Director of Clinical Training	_____ Date
_____ Registrar's Office	_____ Date
_____ Student Accounts Office	_____ Date
_____ PTL date	
_____ Start Date of Internship (Accrual of Hours)	

Please return form to: [eschewe@pacifica.edu](mailto:eschewe@pacifica.edu)