



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

APPLICATION INFORMATION																	
<p>I, the undersigned, request enrollment in Practicum Only status for the following time period:</p> <table border="0"> <thead> <tr> <th>Enrollment Type</th> <th>Term</th> <th>Year</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Practicum Only (PMO)</td> <td><input type="checkbox"/> Summer</td> <td>_____</td> </tr> </tbody> </table>		Enrollment Type	Term	Year	<input type="checkbox"/> Practicum Only (PMO)	<input type="checkbox"/> Summer	_____										
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<p>Practicum Only Status (PMO) PMO status for Summer Quarter is not eligible for financial aid and may affect your repayment schedule.</p> <p><b>*Eligibility Requirements for Practicum Only Status for Summer Quarter:</b></p> <p>All training sites must first be approved in writing by the Director of Clinical Training</p>	<p><b>Required Signatures:</b></p> <table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>Student</b></td> <td><b>Date</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>Director of Clinical Training</b></td> <td><b>Date</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td><b>Registrar Office</b></td> <td><b>Date</b></td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2"><b>Separation Date (Completed by Registrar Office)</b></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 20px;"> <p>Students: Return form to Clinical Training Office eschewe@pacifica.edu</p> </div>	_____	_____	<b>Student</b>	<b>Date</b>	_____	_____	<b>Director of Clinical Training</b>	<b>Date</b>	_____	_____	<b>Registrar Office</b>	<b>Date</b>	_____		<b>Separation Date (Completed by Registrar Office)</b>	
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