



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

**APPLICATION INFORMATION**

I, the undersigned, request enrollment in Clinical Training Only status for the following time period:

**Enrollment Type**

Practicum Only (PMO)

Internship Only (IO)\*

**Term**

Fall  
(09/10-12/02)

Winter  
(01/07-03/24)

Spring  
(04/15-07/07)

Summer  
(07/22-08/18)

**Year**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student files and financial accounts will be reviewed each quarter for eligibility. A quarterly fee will also apply.

PMO/IO status is not eligible for financial aid and may affect your student loan repayment schedule.

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

**\*Eligibility Requirements for Internship Status:**

Only students who have successfully completed all coursework and passed the Comprehensive Exam may enroll in Clinical Training Only status for Internship. Additional requirements may apply for eligibility for internship (see Clinical Training Manual).

**Required Signatures:**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Director of Clinical Training Date

\_\_\_\_\_  
Registrar's Office Date

\_\_\_\_\_  
Separation Date PTL Date

\_\_\_\_\_  
Student Accounts Office Date

Billing Applied Yes  No

Students: Return form to the Director of Clinical Training, Dr. Liz Schewe at [eschewe@pacifica.edu](mailto:eschewe@pacifica.edu)