



STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track:	

APPLICATION INFORMATION							
<p>I, the undersigned, request enrollment in Clinical Training Only status for the following time period:</p> <table> <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	_____
Enrollment Type	Term	Year					
<input type="checkbox"/> Practicum Only (PMO)	<input type="checkbox"/> Summer	_____					
<p>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>	<p>Required Signatures:</p> <p>_____ Student _____ Date</p> <p>_____ Director of Clinical Training _____ Date</p> <p>_____ Registrar Office _____ Date</p> <p>_____ Separation Date (Completed by Registrar Office)</p>						
	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>Students: Return form to Clinical Training Office aalfaro@pacifica.edu</p> </div>						