

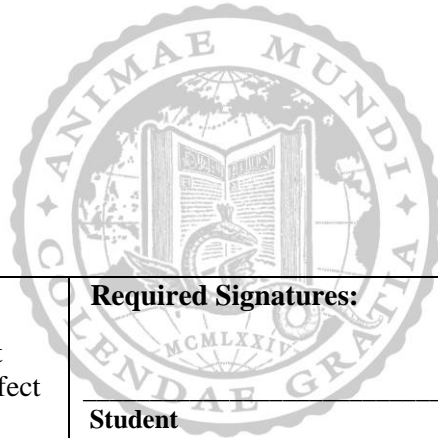


STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track:	<input type="checkbox"/> OP
Practicum Start Date:		Practicum Termination Date:	

**APPLICATION INFORMATION**

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

Enrollment Type	Term	Year
<input type="checkbox"/> Practicum Only (PMO)	<input type="checkbox"/> Summer	_____



Practicum Only Status (PMO) is not eligible for financial aid and may affect your loan repayment schedule.

**\*Eligibility Requirements for Practicum Only Status for Summer Quarter:**

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

**Required Signatures:**

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

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

\_\_\_\_\_  
**Registrar Office** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Separation Date (Completed by Registrar Office)**

<b>OFFICE USE ONLY</b>
Practicum Start Date: _____
Date Form Received: _____

<p><b>Students: Return form to Clinical Training Coordinator</b> <b>Andrea Alfaro</b> <b>aalfaro@pacifa.edu</b></p>
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