



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

APPLICATION INFORMATION

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

Enrollment Type	Term	Year
<input type="checkbox"/> Practicum Only (PMO)	<input type="checkbox"/> Fall (10/01/21-12/31/21)	_____
<input type="checkbox"/> Internship Only (IO)*	<input type="checkbox"/> Winter (01/01/22-03/31/22)	_____
	<input type="checkbox"/> Spring (04/01/22-06/30/22)	_____
	<input type="checkbox"/> Summer (07/01/22-09/30/22)	_____

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 Clinical Training Office,
aalfaro@pacifica.edu