



## **PsyD Program Application for** Internship Course Revised 5/13/22

STUDENT INFORMATION					
Student Name:		Date of A	Date of Application:		
Telephone:		Track: <b>O</b>			
Internship Start Date:		Internship	Termination Date:		
APPLICATION INFORMATION					
Submit form prior to the start of the quarter that you will be enrolled in internship. Select the Course, Term and enter the Year.					
Enrollment Type: Internship			Term	Year	
<ul> <li>CY 980 - Pre-Doc Internship (3 Units each Quarter)         Initial 3 consecutive quarter Internship enrollment (check first quarter of the 3 consecutive quarter enrollment). Selecting this course will cover three quarters of enrollment.     </li> <li>CY 980A - Pre-Doc Internship Extension (0 Units each Quarter)         4<sup>th</sup> quarter into internship or later. Students requesting an Extension will need to register for this status prior to the beginning of each quarter that is needed     </li> </ul>					
<u>needed.</u>	COL		Summer		
each quarter for eligibility Students may apply for fir enrollment period. Interns	inancial accounts will be reviewed A quarterly fee will apply. Anancial aid for the initial 3 quarter hip Extension enrollment is not and may affect your repayment	Required Sign	natures:		Date
All training sites must first be approved in writing by the Director of Clinical Training.		Director of Clin	Director of Clinical Training		Date
Students must be enrolled in the Internship Course to accrue hours. Failure to complete this form before the quarter begins will impact your program timeline.		Registrar's Office		]	Date
<ul> <li>Eligibility Requirements for Internship Status:</li> <li>Successful completion of all coursework</li> <li>Passed the Comprehensive Exam</li> <li>Passed all Annual Assessments for Program Advancement</li> </ul>		Student Accounts Office       PTL date		I	Date
date) Maintain Satisfactory	Training (before internship start Academic Progress thin Program Time Limit date	Start Date of Inte	ernship (Accrual of Ho	ours)	
OFFICE USE ONLY Internship Start Date: Date Form Received:		Students: Return form to Clinical Training Coordinator Andrea Alfaro aalfaro@pacifa.edu			