



STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track:	A
Training Start Date:		Training Termination Date:	

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
(October 1st–December 31st)

Winter
(January 1st – March 31st)

Spring
(April 1st - June 30th)

Summer
(July 1st – September 30th)

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

I certify that my typed name is my authorized signature

Director of Clinical Training Date

Registrar's Office Date

Separation Date PTL Date

Student Accounts Office Date

Billing Applied Yes No

OFFICE USE ONLY
Training Start Date: _____
Date Form Received: _____

**Students: Return completed form to
clinicaltraining@pacifica.edu**