PACIFICA GRADUATE INSTITUTE

Clinical PsyD Program Application for Internship Course

Revised 8/2023

STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track: **OP** **Student ID: _____**	
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

☐ **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.

☐ **CY 980A** - Pre-Doc Internship Extension (0 Units each Quarter)
4th 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.

Term **Year**

☐ Fall _____

☐ Winter _____

☐ Spring _____

☐ Summer _____

Student clinical files and financial accounts will be reviewed each quarter for eligibility. A quarterly fee will apply. Students may apply for financial aid for the initial 3 quarter enrollment period. Internship Extension enrollment is not eligible for financial aid and may affect your repayment schedule.

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

Students must be enrolled in an Internship Course to accrue hours. Failure to complete this form before the quarter begins will impact your enrollment.

Eligibility Requirements for Internship Status:
- ☐ Successful completion of all coursework
- ☐ Passed the Comprehensive Exam
- ☐ Passed all Annual Assessments for Program Advancement
- ☐ Completed Practicum Training (before internship start date)
- ☐ Maintain Satisfactory Academic Progress
- ☐ Registration occurs within Program Time Limit date

Required Signatures:

_____ _____
Student Date
☐ I certify that my typed name is my authorized signature

_____ _____
Director of Clinical Training Date

_____ _____
Registrar's Office Date

_____ _____
Student Accounts Office Date

_____
PTL date

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

Students: Return completed form to clinicaltraining@pacifica.edu