



PACIFICA
GRADUATE INSTITUTE

Clinical PsyD Program Application for Practicum Only Status for Summer Quarter

Revised 8/2023

STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track:	OP
Practicum Start Date:		Practicum Termination Date:	

APPLICATION INFORMATION

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

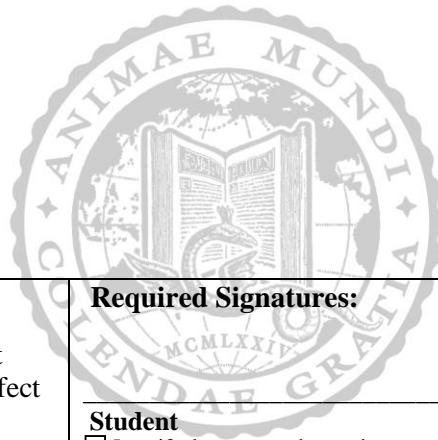
Enrollment Type

Practicum Only (PMO)

Term

Summer

Year



Required Signatures:

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

Student

I certify that my typed name is my authorized signature

_____ **Date**

Director of Clinical Training

_____ **Date**

Registrar Office

_____ **Date**

Separation Date (Completed by Registrar Office)

OFFICE USE ONLY

Practicum Start Date: _____
Date Form Received: _____

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