



**PACIFICA**  
GRADUATE INSTITUTE

# Clinical PsyD Program

## Application for Internship Course

Revised 8/2024

### STUDENT INFORMATION

Student Name:		Date of Application:	
Telephone:		Track: <b>OP</b> 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

#### Term

#### Year

**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.

Fall \_\_\_\_\_

**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.

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. A late registration fee will be assessed for forms submitted later than 2 weeks before the quarter start date.

#### 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**