



**Counseling PsyD  
Internship Only Status  
Request**

STUDENT INFORMATION			
Student Name:		Date:	
Telephone:		Track	LG

APPLICATION INFORMATION		
I, the undersigned, request Internship Only status for the following time period (select <u>one</u> term only):		
<b>Enrollment Type</b>	<b>Term</b>	<b>Year</b>
<input type="checkbox"/> Internship Only (IO)*	<input type="checkbox"/> Fall (10/01-12/31)	2024
	<input type="checkbox"/> Winter (01/01-03/31)	2025
	<input type="checkbox"/> Spring (04/01-06/30)	2025
	<input type="checkbox"/> Summer (07/01-09/30/22)	2025

<p>Student files and financial accounts will be reviewed each quarter for eligibility. A quarterly fee will also apply. A late registration fee will be assessed for forms received by the Registrar's Office after the start of the quarter. IO status is not eligible for financial aid and may affect your student loan repayment schedule.</p> <p>The Director of Clinical Training must first approve all training sites in writing. Complete and submit this form to the DCT at <a href="mailto:jjacob@pacifica.edu">jjacob@pacifica.edu</a> to register for internship only status.</p> <p><b>*Eligibility Requirements for Internship Status:</b> 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).</p>	<b>Required Signatures:</b>	
	_____	_____
	Student	Date
	_____	_____
	Director of Clinical Training	Date
	_____	_____
Registrar's Office	Date	
_____	_____	
Separation Date	PTL Date	
_____	_____	
Student Accounts Office	Date	
Billing Applied	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Revised 8/2024		