



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	Term	Year
<input type="checkbox"/> Practicum Only (PMO)	<input type="checkbox"/> Fall (October 1 st –December 31 st)	_____
<input type="checkbox"/> Internship Only (IO)*	<input type="checkbox"/> Winter (January 1 st – March 31 st)	_____
	<input type="checkbox"/> Spring (April 1 st - June 30 th)	_____
	<input type="checkbox"/> Summer (July 1 st – September 30 th)	_____

<p>Student files and financial accounts will be reviewed each quarter for eligibility. A quarterly fee will also apply. Late fee assessed for forms submitted after the start of the quarter.</p> <p>PMO/IO status is not eligible for financial aid and may affect your student loan repayment schedule.</p> <p>All training sites must first be approved in writing by the DCT.</p> <p>*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).</p>	Required Signatures:	
	_____ Student	_____ Date
	<input type="checkbox"/> 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 <input type="checkbox"/>	No <input type="checkbox"/>

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

Students: Return completed form to clinicaltraining@pacifica.edu
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