



PACIFICA
GRADUATE INSTITUTE

Clinical PsyD Program Application for Internship Course

Revised
7/2025

STUDENT INFORMATION

Student Name:		Date of Application:	
Telephone:		Track:	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 980A - Pre-Doc Internship Extension (0 Units each Quarter)**

☐ Fall

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.

☐ 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**