



## Counseling PsyD Internship Only Status Request

STUDENT INFORMATION			
Student Name:		Date:	
Telephone:		Track	LG

APPLICATION INFORMATION		
<p>I, the undersigned, request Internship Only status for the following time period (select <u>one</u> term only):</p>		
<b>Enrollment Type</b>	<b>Term</b>	<b>Year</b>
<input type="checkbox"/> Internship Only (IO)*	<input type="checkbox"/> Fall (10/01-12/31)	2025
	<input type="checkbox"/> Winter (01/01-03/31)	2026
	<input type="checkbox"/> Spring (04/01-06/30)	2026
	<input type="checkbox"/> Summer (07/01-09/30/22)	2026
<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></p> <p><b>*Eligibility Requirements for Internship Status:</b> Only students who have successfully completed all coursework and passed the Comprehensive Exam and have an approved final dissertation draft 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      crswrk, comps, FDA  _____ Student Accounts Office Date  Billing Applied    Yes <input type="checkbox"/> No <input type="checkbox"/> RO rcvd form _____  Revised 8/2025	