

## Counseling PsyD Internship Only Status Request

		STUDENT INFORMATI	ION	
Student Name:		Date	:	
Telephone:		Trac	k	LG
APPLICATION INFORMATION				
I, the undersigned, request Internship Only status for the following time period (select one term only):				
Enrollment Type			Term	Year
☐ Internship Only (IO)*			Fall (10/01-12/31)	2025
		MAEM	Winter (01/01-03/31)	2026
			Spring (04/01-06/30)	2026
	+		Summer (07/01-09/3022	2026
be reviewed each of A quarterly fee will registration fee will forms received by after the start of the	inancial accounts will quarter for eligibility. Il also apply. A late Il be assessed for the Registrar's Office e quarter. IO status is ancial aid and may	Required Signatur  Student	es:	Date
affect your student loan repayment schedule.		Director of Clinical Tr	raining	Date
first approve all tra	inical Training must aining sites in writing. mit this form to the acifica.edu	Registrar's Office		Date
have successfully	: Only students who completed all	Separation Date	PTL Date	crswrk, comps, FDA
enroll in Clinical T for Internship. Add		Student Accounts Offi Billing Applied Yo RO revd form  Revised 10/2025		Date
(see Clinical Training Manual).		11.500 10,2020		