PACIFICA GRADUATE INSTITUTE

Clinical PhD Application for Practicum or Internship Only Status Revised 10/2026

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 type and time period:

Enrollment Type	Term	Year
☐ Practicum Only (PMO)	☐ Fall (October 1st–December 31st)	_____
☐ Internship Only (IO)	☐ Winter (January 1st – March 31st)	_____
	☐ Spring (April 1st - June 30th)	_____
	☐ Summer (July 1st – September 30th)	_____

Student files and financial accounts will be reviewed each quarter for eligibility, a quarterly fee will apply, and late fees for a forms submitted after start of the quarter will be assessed.

PMO/IO status is not eligible for financial aid and may affect your student loan repayment schedule. All training sites must be pre-approved in writing by the DCT.**Eligibility Requirements for Practicum:** Students who have not successfully completed all courses/exams for their class level must have a remediation plan in place. **Internship: IO** 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).

Required Signatures:

_____ _____
Student Date
☐ 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 ☐ No ☐

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

Students: Return completed form to clinicaltraining@pacifica.edu