PACIFICA GRADUATE INSTITUTE

Counseling MA Students Only

Clinical Practice Registration Form

STUDENT INFORMATION			
Student Name:		Student ID Number:	
Telephone:		Track:	☐C ☐D ☐V ☐W

REGISTRATION INFORMATION

I, the undersigned, request enrollment in Clinical Practice CP 609 for the following term (select only one term/year).
I have completed Process of Psychotherapy III.

Course ID	Credits	Term	Year
☐ CP 609	0.00 credits	Fall	_____
☐ CP 609	0.00 credits	Winter	_____
☐ CP 609	0.00 credits	Spring	_____
☐ CP 609	0.00 credits	Summer	_____

This form is used to register for CP 609 during the fall, winter, or spring quarters.

CP 609 is required prior to starting the Clinical Practice series of courses; including when returning from a leave of absence and enrolling in any course in the Clinical Practice series.

Complete, sign, and return this form to the Registrar's Office. A late registration fee will be assessed for forms received less than two weeks prior to the start of the quarter.

Registrar's Office registrar@pacifica.edu

Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account.

_____ _____
Student Date
☐ I certify that my typed name is my authorized signature

_____ _____
Registrar Date
RO rcvd date:_____

Revised 10/2026