

**PACIFICA GRADUATE INSTITUTE**  
**TRAINEESHIP ONLY ENROLLMENT FORM**

Student Name: \_\_\_\_\_  
Please print

Program/Track: \_\_\_\_\_

I would like to enroll for the following quarter(s) and year(s):

\_\_\_\_\_

If you sign up for multiple quarters, your file and financial account will be reviewed each quarter for eligibility.

Your traineeship site must be approved by the Director of Clinical Training (MA-L) or the Clinical Coordinator (MA-C and MA-D).

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Clinical Coordinator Date: \_\_\_\_\_

\_\_\_\_\_  
Director of Clinical Training Date: \_\_\_\_\_

Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office: \_\_\_\_\_ Date: \_\_\_\_\_

Before submitting this form to the Registrar's Office, please be sure to obtain the appropriate signatures:

MA-L Track: Director of Clinical Training: Willow Young, M.A., M.F.T. Phone: 805-879-7321

MA-C & MA-D Tracks: Clinical Coordinator: Martha Feng, M.A., M.F.T. Phone: 805-879-7333

Pacifica Graduate Institute • 249 Lambert Road • Carpinteria, California 93013 • 805-879-7325

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