PACIFICA GRADUATE INSTITUTE

Master of Arts Degree Clinical Eligibility Form

STUDENT INFORMATION			
Student Name:		Date of Application:	
Telephone:		Track:	
Supervisor:		Supervisor Telephone:	
Practicum Site:			

APPLICATION INFORMATION

Supervisor:

☐ I certify that the following student has completed a minimum of **100 hours** of Practicum Training under my supervision.

Student:

☐ I have submitted my Personal Therapy documentation indicating a minimum of 30 hours completed.

OFFICE USE ONLY

*Student has successfully met all of the Clinical Training Requirements to be eligible for an MA Degree.

Date Form Received: _____

Required Signatures:

_____ _____
Student Date

_____ _____
Supervisor Date

_____ _____
_ Director of Clinical Training Date

Students: Return form to Clinical Training Office
clinicaltraining@pacifica.edu

Revised 4/2024