



California Institute of Integral Studies

REGISTRATION FORM FOR "SUPERVISED CLINICAL PRACTICUM: INDIVIDUAL"

This form is to be used by students in the MA in Counseling Psychology program wanting to register for "Supervised Clinical Practicum: Individual". After obtaining your program director's signature, submit this form in person, by fax, or by mail to:

Registrar's Office, 4th Floor 1453 Mission Street, San Francisco, CA 94103 Fax Number: 415-575-1267

This registration will be processed only after you've also submitted a *Supervised Fieldwork Agreement* to the CIIS Field Placement Office. This *Agreement* must be signed by your site supervisor, clinic director, and academic advisor. If the *Agreement* is not on file by the semester's Add/Drop Deadline, this registration will not be processed.

If you have questions, contact the Registrar's Office at registrar@ciis.edu or 415-575-6126 or the Field Placement Office at 415-575-6117.

Name: _____ CIIS ID Number: _____
last (family/legal) name first (given name) middle name

E-mail Address: _____ Daytime Phone: _____

Mailing Address: _____
street city state zip

Registration Semester: Fall Spring Summer Year: _____

Anticipated Graduation Semester: Fall Spring Summer Year: _____

Course Number: *(check one)*

- Community Mental Health: MCPC 7601
- Drama Therapy: MCPD 7601
- Expressive Arts Therapy: MCPE 7601
- Integral Counseling Psychology: MCPI 7601 (2 unit)
 MCPI 7604 (3 units) *only for students working with clients in a school setting*
- Somatic Psychology: MCPS 7601 (2 units)
 MCPS 7604 (3 units) *only for students working with clients in a school setting*

Training Site: _____

Supervisor Name: _____
last first

E-mail Address: _____ Daytime Phone: _____

Mailing Address: _____
street city state zip

I have applied for financial aid this semester; OR

I am using the following payment plan: Payment in Full Deferred Payment Plan (additional fee required)

Payment Method:

- Cash Check or Money Order (made out to "CIIS")
- Visa MasterCard Card Number: _____ Exp. Date _____

Student Signature: _____ Date: _____

Field Placement Office Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY :

DATE FORM RECEIVED: _____ DATE REGISTERED: _____ BY _____ DATE PAID: _____

REG: 11/6/09