CENTER FOR MODERN PSYCHOANALYTIC STUDIES

REGISTRATION FORM

Fall 2010 SEMESTER

#

NAME _____

ADDRESS _____

CITY _____

STATE AND ZIP _____

Please enter current contact numbers:

Home:

Office:

Cell:

Email:

Date Reg: √# $

Date: √# $

Date: √# $

Date: √# $

Date: √# $

Total:$

SEMESTER SCHEDULE OF FEES

Registration / Maintaining Matriculation Fee	$ 100
Late Registration Fee (after September 3, 2010)	$ 100
Tuition for 4 or more courses (may include one PT 111 or PT 211 supervision)	$3000
Part-time Tuition (1 or 2 Courses)	$1500
Additional course or single course for students in their first two semesters	$ 750
GT 190 (Recommended for students in their first two semesters)	$ 0
PT 524 or PT 527 (for Research Candidates)	$ 750
PT 2612 (for Research Candidates)	$ 400
PT 111, PT 211, PT 611	$ 450
PT 311, PT 411	*Privately Arranged* P.A.
PT 490 Referral Service Semiannual Lab Fee	*First two semesters* $ 475
	Succeeding semesters $ 525
Tuition Plan Processing Fee (2 Checks: $15; 3 Checks $30)	$15/30
Research Reading Fee (for Research Candidates in their last semester)	$ 390
Student Association Fee (optional)	$ 15

SEMESTER PROGRAM:

PT 7 / PT 8	Current Training Analyst(s)	# Monthly
Individual		
Individual		
Group		
Group		

Candidates in PT 311/411 list supervisor(s) and/or control.		
	Supervisor(s)	# Monthly
PT 311		
PT 311		
PT 411		

Advisor Only		Enter Program - See Schedule for Course Selection					
Apprv'd	C. List	Course	Sect.	Day	Time	Instructor	Fees
							$
							$
							$
							$
							$
							$
		PT111/211	Indicate **at least two** preferences in **box below**...				$
						Student Association Fee (optional) $15	$
						Registration/Maintaining Matriculation Fee	$ 100.00
						Total Course Tuition	$
						Tuition Plan Processing Fee	$
						Late Registration Fee $100	$
						Total Enclosed	**$**

PT 111/211 SUPERVISIONS:

Registrants select three sections in order of preference. Assignments will be made according to availability. Students generally remain in the same supervision for 2 semesters.

Pref	PT #	Section #	Day	Time	Supervisor
1					
2					
3					

Registration is to be reviewed and approved by your Educational Advisor or Faculty Fellow.

I have reviewed this Registration Form and approved the program indicated.

Date _____ **Signature of Advisor/Fellow** _____