

CENTER FOR MODERN PSYCHOANALYTIC STUDIES

REGISTRATION FORM

#

Spring 2009 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 January 16, 2009).....	\$ 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 supervision (unless otherwise noted).....	\$ 750
GT 190 (Recommended for first two semesters).....	\$ 0
PT 524 or PT 527 (for Research Candidates).....	\$ 750
PT 2612 (for Research Candidates) or GT 2612 (for Certificate Candidates).....	\$ 400
PT 111, PT 211.....	\$ 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
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 _____

Dr.