

# CENTER FOR MODERN PSYCHOANALYTIC STUDIES

## REGISTRATION FORM

#

**Spring 2010 SEMESTER**

NAME _____
ADDRESS _____
CITY _____
STATE AND ZIP _____

**Please enter current contact numbers:**

Home: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

Date Reg:	
√#	\$
Date:	
√#	\$
Date:	
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Date:	
√#	\$
Date:	
√#	\$
<b>Total:\$</b>	

**SEMESTER SCHEDULE OF FEES**

Registration / Maintaining Matriculation Fee.....	\$ 100
Late Registration Fee (after January 15, 2010).....	\$ 100
Tuition for <b>4 or more</b> courses (may include one PT 111 or PT 211 supervision).....	\$3000
Part-time Tuition (1 or 2 Courses).....	\$1500
<b>Additional</b> 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).....	\$ 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
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 <b>at least two</b> preferences in <b>box below</b> ...				\$
Student Association Fee (optional) \$15							\$
Registration/Maintaining Matriculation Fee							\$ 100.00
Total Course Tuition							\$
Tuition Plan Processing Fee							\$
Late Registration Fee \$100							\$
<b>Total Enclosed</b>							<b>\$</b>

**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 \_\_\_\_\_