NAME _______________________________________
ADDRESS ___________________________________{
CITY __________________________ CITY ____________
STATE AND ZIP ________________ STATE AND ZIP __________

SEASON SCHEDULE OF FEES
Registration / Maintaining Matriculation Fee…………………………………………………………… $ 100
Late Registration Fee (after September 2, 2016)……………………………………………………….. $ 150
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 75 Special Elective…………………………………………………………………………………… $ 375
PT 2612 (for Research Candidates)…………………………………………………………………… $ 400
PT 111, PT 211, PT 611(12)………………………………………………………………………………… $ 450
PT 611(6)………………………………………………………………………………………………… $ 225
PT 311, PT 411…………………………………………………………………………………………… $ 375
Privately Arranged --
PT 490 Referral Service Semiannual Lab Fee, First two semesters ........................... $ 475
PT 490 Referral Service Semiannual Lab Fee, Subsequent 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

Total: ________________________________

Enter Program - See Schedule for Course Selection

Course No. | Sect. | Day | Time | Instructor | Fees | $ |
--- | --- | --- | --- | --- | --- | ---

PT 111/211 Indicate at least two preferences in box below...

Student Association Fee (optional) $15

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.

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Registration is to be reviewed and approved by your academic advisor.
I have reviewed this Registration Form and approved the program indicated.

Date __________________________ Signature of Advisor ____________________
CENTER FOR MODERN PSYCHOANALYTIC STUDIES
PT 7 / PT 8 STATEMENT OF TRAINING ANALYSIS
To be filled out and signed by the training analyst(s)

Current Semester: Fall 2016

PT 7 Individual psychoanalysis

This is to specify that ________________________________

is currently in individual psychoanalysis with me.

The frequency of sessions is __________________________ .

(Please specify)

Is the same frequency expected to be maintained through the coming semester?

Yes ☐  No ☐  Not certain ☐

Previous Semester (Spring and Summer 2016)

Number of individual sessions during the period February 1 to September 11, 2016: _____

____________

PT 8 Group psychoanalysis

This is to specify that ________________________________

is currently in group psychoanalysis with me.

Number of group analytic sessions between February 1 to September 11, 2016: _____

(Please print)

Analyst’s Name ________________________________

Address ___________________________________________________________________

City ___________________________ State ________ Zip ___________________

Office phone: ____________________________

Analyst’s Signature ________________________ Date ____________