Please enter current contact numbers:

Home: ___________________
Office: ___________________
Cell: _____________________
Email: ___________________

SEMESTER SCHEDULE OF FEES

Registration / Maintaining Matriculation Fee $ 100
Late Registration Fee (after January 22, 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 527 (for Research Candidates) $ 750
PT 2612 (for Research Candidates) $ 400
PT 111, PT 211, PT 611(12) $ 450
PT 611(6) $ 225
PT 311, PT 411 Privately Arranged
PT 490 Referral Service Semiannual Lab Fee, First two semesters $ 475
PT 490 Referral Service Semiannual Lab Fee, 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

Total: ___________

PT 7 / PT 8

Current Training Analyst(s) # Monthly
Individual
Individual
Group
Group

Candidates in PT 311/411/611 list supervisor(s)

Supervisor(s) # Monthly
PT 311
PT 411
PT 611

Enter Program - See Schedule for Course Selection

Course No. 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 $  
Total Enclosed $  

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

<table>
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<tr>
<th>Pref</th>
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<th>Section #</th>
<th>Day</th>
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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 ___________________
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 (Fall 2015)

Number of individual sessions during the period September 15, 2015 to January 31, 2016: _____

PT 8 Group psychoanalysis

This is to specify that ________________________________

is currently in group psychoanalysis with me.

Number of group analytic sessions between September 15, 2015 to January 31, 2016: _____

(Please print)

Analyst’s Name ________________________________

Address ________________________________________

City ___________________ State _______ Zip ______________

Office phone: __________________________

Analyst’s Signature ___________________________ Date __________