Please enter current contact numbers:

Home: 
Office: 
Cell: 
Email: 

SEMESTER SCHEDULE OF FEES

| Registration / Maintaining Matriculation Fee | $100  
| Late Registration Fee (after January 17, 2020) | $150  
| Each course | $750  
| PT 527 (for Research Candidates) | $750  
| PT 2612 (for Research Candidates) | $400  
| PT 611(12) | $450  
| PT 78 (elective for Certificate and Research Candidates) | $400  
| PT 211i, 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  
| RF 101 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 |
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Individual</td>
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<td>Individual</td>
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<tr>
<td>Group</td>
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<td>Group</td>
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</tbody>
</table>

Candidates in PT 211i/ 311/411/611 list supervisor(s)

<table>
<thead>
<tr>
<th>Supervisor(s)</th>
<th># Monthly</th>
</tr>
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<tbody>
<tr>
<td>PT 211i</td>
<td></td>
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<tr>
<td>PT 311</td>
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<tr>
<td>PT 411</td>
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<tr>
<td>PT 611</td>
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</tbody>
</table>

Enter Program - See Schedule for Course Selection

<table>
<thead>
<tr>
<th>Course No.</th>
<th>Sect.</th>
<th>Day</th>
<th>Time</th>
<th>Instructor</th>
<th>Fees</th>
</tr>
</thead>
<tbody>
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Student Association Fee (optional) $15  
Registration/Maintaining Matriculation Fee $100.00  
Total Course Tuition $  
Late Registration Fee $  
Tuition Plan Processing Fee $  
2.5% Credit Card Processing Fee $  

Total Enclosed $  

Registration is to be reviewed and approved by your Referral Service Fellow.  
Level 2 and Level 3 students also complete the following page (PT 490 registration) for their fellows.  
I have reviewed this Registration Form and approved the program indicated.

Date __________________________ Signature of Fellow __________________________
For Certificate Candidates and Research Candidates:
PT 490 Referral Service Spring 2020 semester registration form

To be completed by Level 2 and 3 students at the beginning of the semester, submitted to the fellow, and updated whenever a change occurs.

Candidate: ___________________________  Fellow: ___________________________

Referral Service start date: ___________________________

Insurance company name & expiration date: ___________________________

PT 7 analyst: ___________________________ Frequency of sessions: ___________________________

PT 7 analyst: ___________________________ Frequency of sessions: ___________________________

PT 8 analyst: ___________________________ Frequency of sessions: ___________________________

### ACTIVE Referral Service Cases

<table>
<thead>
<tr>
<th>PATIENT(S) INITIALS</th>
<th>Patient(s) supervised by</th>
<th>Which supervision?</th>
<th>FREQUENCY OF SUPERVISION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPERVISOR NAME</td>
<td>211/311/411/611</td>
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</table>
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 2019)

Number of individual sessions during the period September 9, 2019 to January 26, 2020: ______

If applicable: PT 8 Group psychoanalysis

This is to specify that ____________________________________________

is currently in group psychoanalysis with me.

Number of group analytic sessions between September 9, 2019 to January 26, 2020: ______

(Please print)

Analyst’s Name ____________________________________________

Address ____________________________________________________

City ____________________ State ________ Zip ________________

Office phone: ________________________

Analyst’s Signature ________________________ Date ____________