

INTERNSHIP/PRACTICUM RECORD

STUDENT: _____ **Date Began:** _____ **Date Completed:** _____

Briefly describe those activities in which you participate fully and which apply directly to fulfilling your intern/practicum requirements.

**CUMULATIVE HOURS
BROUGHT FORWARD**

DATE	DESCRIPTION OF ACTIVITY	HOURS	CUM HOURS
TOTAL HOURS THIS PAGE			
TOTAL CUMULATIVE HOURS			

Student _____
Signature

Field Instructor _____
Signature