M.S. in Counseling Program

Practicum/Internship Hours Log: End of Semester Summary Report - SUMMER

Name: ________________________________________
Date: _________________________________________

1. **FACE-TO-FACE** Hours Completed at Your Site
   Summer hours _____ = ________________________(280)
2. **ALL OTHERS** Hours Completed at Your Site
   Summer hours _____ = ________________________(420)
3. **TOTALS HOURS**
   Summer hours _____ = ________________________(700)

**FOR CMCH Concentration Students ONLY:**

CMCH “Trauma” Hours Completed at Your Site
   Summer hours _____ = ________________________(200)

CMCH “AODA” Hours Completed at Your Site
   Summer hours _____ = ________________________(200)

My signature verifies that I have complied with agency and program standards, and that I am reporting an accurate “count” of the hours I have spent at my site or engaged in preapproved activities. I understand that any discrepancies found in this document may result in faculty review and possible dismissal from the program.

Student Signature: _______________________________ Date: ________________

MMU Faculty signature verifies that you have reviewed the student’s weekly logs and find the totals to be an accurate record of the student’s work at their practicum/internship site.

Faculty Signature: _______________________________ Date: ________________

THIS FORM MUST BE RETURNED TO THE PRACTICUM & INTERNSHIP COORDINATOR BY THE LAST FRIDAY, PRECEDEING FINALS WEEK, EACH SEMESTER, accompanied by the actual weekly logs.

Signature: MMU Practicum/Internship Program Coordinator Date