**Practicum TIMESHEET**

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| **STUDENT INFORMATION** | | | | | |
| Name of Student: | | |  | | |
| Name of On-Site Supervisor: | | |  | | |
| Name of Organization: | | |  | | |
| **HOURS & ACTIVITIES COMPLETED** | | | | | |
| *To be completed by the student each week and signed by the On-Site Supervisor within 7 days of completing the Practicum. Submit final Timesheets to both the Program Coordinator and Program Director.* | | | | | |
| **Date** | **Hours completed** | **Description of tasks completed** | | | |
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| **TOTAL HOURS COMPLETED:** | | | | | |
| **APPROVALS** | | | | | |
| Student Signature: | | |  | DATE: |  |
| On-Site Supervisor Signature: | | |  | DATE: |  |

**Note:** Attach multiple pages if necessary, but make sure to sign each page and list total hours completed per page.