Saint Martin's UNIVERSITY

**PRACTICUM SITE** _____

**SITE SUPERVISOR**_____

Student Name_____ Date Start_____

Academic Period_____ Date End_____

| DATE | HOUR TYPE (direct, indirect) | INDIVIDUAL OR GROUP | TIME PERIOD(S) | TOTAL | NOTES |
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| | | | | FINAL TOTAL: | |

By signing this time sheet, I certify that I have carefully reviewed this information, and that the documented hours and information reported is accurate.

**SUPERVISOR SIGNATURE** _____ **DATE**_____

**STUDENT SIGNATURE** _____ **DATE**_____

Revised 9/15/18