

UNIVERSITY ACTIVITY MONTHLY INTERNSHIP HOUR LOG

ARGOSY UNIVERSITY, CHICAGO MA COMMUNITY COUNSELING

Student Name: _____ Month/Year _____

Directions:

1. Record the dates of each week where indicated.
2. Record the total number of hours per week in each activity under the appropriate column.
3. Total the number of hours for the week in each area as indicated.
4. You will not submit this monthly form to the Director of Training; this form is only for your assistance in preparing the University End of Practicum Hour Log which is turned in to the Seminar Leader or the Director of Training at the End of Internship.

Activities	Week 1 Dates	Week 2 Dates	Week 3 Dates	Week 4 Dates	Week 5 Dates	Total Per Month
(To/From Dates)						
1) University Individual Supervision						
2) Seminar Meetings						
3) Online activities						
4) Consultation or meeting with other professors regarding your internship experience, or client issues						
Others: (Please specify)						
Grand Total						