

Practicum/Internship
Course Completion Summary
(To be added to student's Permanent file)

Course: _____ Term: _____ Date: _____

Student Name: _____ Student No.: _____

Practicum Site & Contact Information: _____

Practicum Site Supervisor & Contact Information: _____

Practicum/Internship Instructor of Record Name: _____

Number of On Site Hours Logged: _____

Licensure/Certification Sought: _____

Comments: _____

**** NOTE:** This form should be completed by the student and given to the Webster University Instructor of Record at the conclusion of the Practicum/Internship experience.