

PRACTICUM/INTERNSHIP

Form XI

School Counseling Program

Columbus State University

Counselor In Training \_\_\_\_\_ Date \_\_\_\_\_ Semester/Year \_\_\_\_\_ / \_\_\_\_\_

**SUMMARY OF HOURS OF PROFESSIONAL SERVICE**

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In the space below, please list the total number of hours accumulated in each course.

PRACTICUM TOTAL

INTERNSHIP 1

INTERNSHIP 2 (IF APPLICABLE)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

(Return ALL forms for this term after signatures to: CMHC Practicum Coordinator)