

SYRACUSE UNIVERSITY
Department of Counseling and Human Services
COUNSELING AND COUNSELOR EDUCATION
DOCTORAL PRACTICUM AND INTERNSHIP: SUMMARY OF HOURS

NAME: _____

Advanced Practicum	Direct Service Hours	Non-direct Service Hours	Supervision of Activity	TOTAL HOURS
Internship Activity				
Counseling				
Supervision				
Teaching				
Other:				

TOTAL NUMBER OF HOURS (Practicum & Internship): _____

Signature of Advisor: _____

Date: _____

Signature of Doctoral Program Coordinator: _____