



GRADUATE COURSE PRACTICUM SHEET

Students- Only include the section that pertains to you.

Requirements: 2000 hours of supervised work

Student Name: _____

Proctor: _____

Christian Counseling

- Hours completed _____
- Date completed _____
- Facility Name _____ Address _____
City/State _____ Zip code _____ Phone _____

Pastoral Counseling

- Hours completed _____
- Date completed _____
- Facility Name _____ Address _____
City/State _____ Zip code _____ Phone _____

Christian Education/ Ministry

- Hours completed _____
- Date completed _____
- Facility Name _____ Address _____
City/State _____ Zip code _____ Phone _____

Comments (Proctor):

Student's Signature: _____ **Date:** _____

Proctor's Signature: _____ **Date:** _____