

Term Summary of Externship & Program Sanctioned Hours
Counseling Psychology
University of Oregon

Student name (please print) _____

Student Signature: _____

Supervisor name, title, degree (please print) _____

Supervisor signature (*indicates verification of hours below*): _____

Supervisor email address: _____

Experience Type (Externship, Program sanctioned experience): _____

Site: _____

Academic term and year: _____

Hours summary for this experience:

HOURS	FALL	WINTER	SPRING	YEAR Totals
Total Direct Clinical				
Total Assessment				
Total Supervision				
Total Other Non-Direct				