Concordia University
Irvine, CA

END OF SEMESTER INTERNSHIP/PRACTICUM REPORT

Academic Year: ____________   Semester: ☐ Summer ☐ Fall ☐ Spring

Student Name: __________________________________   ID#: E__________________

Date Practicum/Internship Began: _______________   Date Completed: _______________

Nature of Practicum/Internship Experience: __________________________________________

Site/Location of Practicum/Internship: ______________________________________________

Name of Site Supervisor: _________________________________________________________

Contact Information (Phone or E-Mail):____________________________________________

Number of hours student spent at Practicum/Internship Site: ________________

Number of Units Earned by Student: ______________

Approximate number of hours spent by the professor in supervision of the student:
(Including contacting site supervisor; visiting site; grading papers, journals or daily logs;
meeting with student to review progress; etc.)

VERIFICATION OF STUDENT’S ENROLLMENT AND UNITS COMPLETED

Name of Supervising Professor (please print): __________________________________________

Signature of Supervising Professor: ___________________________   Date: _______________

Signature of Registrar: _____________________________________   Date: _______________

White: Provost   Pink: Program Director   Yellow: Registrar