

**POLM 5099**  
**STUDENT RECORD OF PRACTICUM HOURS WORKED**

Student name (print): \_\_\_\_\_

Practicum site: \_\_\_\_\_

(Note: Normally hours are worked only in one office. If the Practicum Coordinator has agreed to more than one practicum office, please provide a sub total of hours worked in each office).

Week	Dates (M/D to M/D)	Hours worked	Notes (if required)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
<b>TOTAL (must be 375 or more)</b>			

I declare that I worked the hours recorded above and that this record is accurate to the best of my knowledge.

\_\_\_\_\_  
 Student name (print)

\_\_\_\_\_  
 Student signature

\_\_\_\_\_  
 Date