Carleton University

Practicum in Psychology

Hours Log

Student Name:	
Student ID Number:	
Course Number:	
Placement Agency:	
Placement Supervisor Name:	

Date	Hours Completed	Total Hours to Date

Date	Hours Completed	Total Hours to Date

Signatures		
Student Name	**Signature**	**Date**
Placement Supervisor Name	**Signature**	**Date**

Please submit to the Department of Psychology **via email at:**
practicumpsychology@cunet.carleton.ca