

Graduating Students

State Licensure Verification

CMHC

MCFC

Students: Please fill in the necessary information below.

Your Name and Address: _____

Preferred alumni e-mail: _____

Practicum Direct Hours: _____
Practicum Indirect Hours : _____
Practicum Total: _____

Internship I Direct Hours: _____
Internship I Indirect Hours: _____
Internship I Totals: _____

| | |
|-------------------------------------|--------------------------------------|
| Internship II Direct Hours: _____ | Dual Degree: |
| Internship II Indirect Hours: _____ | Internship III Direct Hours: _____ |
| Internship II Total: _____ | Internship III Indirect Hours: _____ |
| | Internship III Total: _____ |

Site Supervisor with Credentials: _____
Site Supervisor with Credentials: _____
Site Supervisor with Credentials: _____
Site Supervisor with Credentials: _____

Site: _____
Site: _____
Site: _____
Site: _____

Student Signature Faculty Advisor Signature Date