

Graduating Students

State Licensure Verification

CEAC

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