RESEARCH PRACTICUM TIMESHEET

Please fill out this form, have it signed by your supervisor, and return to the Doctoral Office.

Date: _____

Name: _____

Period Covered: ____ / ____ / ____ to ____ / ____ / ____

Date	Number of Hours	Tasks

Total Hours: _____

Student's signature: _____

Supervisor's Name *(please print)*: _____

Supervisor's signature: _____ Date: _____