

**Concordia University  
Irvine, CA**

**END OF SEMESTER INTERNSHIP/PRACTICUM REPORT**

Academic Year: \_\_\_\_\_ Semester:  Summer  Fall  Spring

Student Name: \_\_\_\_\_ ID#: E \_\_\_\_\_

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Date Practicum/Internship Began: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Nature of Practicum/Internship Experience: \_\_\_\_\_

Site/Location of Practicum/Internship: \_\_\_\_\_

Name of Site Supervisor: \_\_\_\_\_

Contact Information (Phone or E-Mail): \_\_\_\_\_

Number of hours student spent at Practicum/Internship Site: \_\_\_\_\_ Number of Units Earned by Student: \_\_\_\_\_

Approximate number of hours spent by the professor in supervision of the student: \_\_\_\_\_  
(Including contacting site supervisor; visiting site; grading papers, journals or daily logs; meeting with student to review progress; etc.)

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**VERIFICATION OF STUDENT'S ENROLLMENT AND UNITS COMPLETED**

Name of Supervising Professor (*please print*): \_\_\_\_\_

Signature of Supervising Professor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

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White: Provost

Pink: Program Director

Yellow: Registrar