



## Practicum Requirements

Name: \_\_\_\_\_

Practicum: \_\_\_\_\_ Practicum Leader: \_\_\_\_\_

**Bring this form to your practicum leader each time you complete field ministry. Please return this to your leader with your last practicum report. Remember that you must spread your hours over the semester.**

### Requirement: 30 HOURS OF FIELD MINISTRY

Month 1 Hours			
Date	Time	# of Hours	LEADER SIGNATURE
Month 2 Hours			
Month 3 Hours			
<b>TOTAL</b>			

### REQUIREMENT: 4 PRACTICUM REPORTS

MONTH	DUE DATE	COMPLETED ON:	TURNED IN
Month 1-	<b>LAST FRIDAY OF EACH MONTH @ 5pm</b>		
Month 2-			
Month 3-			
OVERALL REFLECTION			