



Clinical & Research Practicum Reporting Form

(To help insure you receive proper credit please use this form each time you begin a new case study set, case treatment, or independent study.)

Name of Student:

Section I. Case Studies

	Credits	Date Begun	Consultant	# of meetings allowed
CS T	1			8
CS I	1			12
CS II	1			12
CS III	1			12
CS IV	1			12
CS V	1			12

Section II. Case Treatments

	Credits	Date Begun	Consultant	# of meetings allowed
RX I	3			44
RX II	3			44
RX III	2			22
RX IV	2			22
RX V	2			22

Section III. Independent Studies

	Credits	Date Begun	Consultant	# of meetings allowed
IS I	1			8
IS II	1			8
IS III	1			8
IS IV	3			24