

# MOUNT HOLYOKE

## Pre-Practicum Course Compilation

Please document all CBL and Pre-Practicum Courses you have taken. If you took a Pre-Practicum/CBL course through the MHC Psychology and Education Department and completed the Documentation of Hours for that course, you do not need to include that course on this form.

**Student Name:** \_\_\_\_\_ **Class of:** \_\_\_\_\_

Course Number and Title: \_\_\_\_\_

Course taken at: MHC Hampshire Amherst UMASS Smith Other \_\_\_\_\_

Semester and Year: \_\_\_\_\_ Course Instructor: \_\_\_\_\_

Name of School or Community Based Program: \_\_\_\_\_

School/Program City and State: \_\_\_\_\_

For school system list: Grade Level \_\_\_\_\_ Subject Area \_\_\_\_\_

For community-based setting/program list: Ages of persons served \_\_\_\_\_

Name of Program Supervisor or Supervising Teacher: \_\_\_\_\_

Total number of hours at placement site: \_\_\_\_\_

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Course taken at: MHC Hampshire Amherst UMASS Smith Other \_\_\_\_\_

Semester and Year: \_\_\_\_\_ Course Instructor: \_\_\_\_\_

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School/Program City and State: \_\_\_\_\_

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