**Click in the white spaces to enter your information.**

Press Tab in last column to add more rows.

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| **Supervisor Name** | **Clinical Supervision Experience**  **# Supervised for Each Semester** | | | | | | **Annual Credit Count**  **for each of 2 Academic Years** | **UG**  **or**  **GR** |
| **20** | |  | **20** | |  |
| **Fa** | **Sp** | | **Fa** | **Sp** | |
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