**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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