Excelsior Community College

Transforming Lives, Nurturing Global Citizens

PRACTICUM SITE VISIT TIMESHEET

Name of Assessor:

Student's Academic Programme:

Responsible Academic Department/School:

Academic Year and Semester Period:

Student's Name :

Site Name :

Site Location:

N.B. The information collected on this Practicum Site Visit Timesheet is intended solely for academic monitoring, practicum verification, and institutional record-keeping purposes. All personal information shall be handled in accordance with applicable privacy and data protection policies of the institution and practicum site. Students are required to maintain confidentiality regarding any sensitive information encountered during the practicum placement.

Date of Visit	Start Time	End Time	Duration of visit	Site Supervisor's Signature	Student's Signature	Purpose of Visit	Comments

Total Number of Visits Conducted: _____

Total Hours Spent on Site Visit: _____

Assessor's Signature: _____

Date Submitted: _____

APPROVAL SIGN-OFF

Head of School Signature: _____ Date: _____

Dean of Faculty Signature: _____ Date: _____

Vice Principal, Academic Affairs Signature: _____ Date: _____