

**Florida Atlantic University  
Department of Counselor Education  
Doctoral Assignment Activity Record**

Student's Name:		
Advisor's Name:		
Faculty Instructor: (MHS 7492 or 7945)		
Term: <i>Please Check</i>	Fall Year 1	
	Spring Year 1	
	Fall Year 2	
	Spring Year 2	

1. Student Assignment: (Please use this space to describe student activity. Attach any additional documents describing student activity)

2. Report activities performed (to be completed at the conclusion of assignment or end of the semester- whichever comes first. Attach any additional documents related to student activity).

*Please note that Doctoral Assignments should reflect 10 hours per week commitment (on average). Students and faculty must agree that the total assignments will equal this amount, and that faculty will be responsible for overseeing the completion of this, while students will be responsible for completing these assignments.*