

STUDENT LOG

3 YEAR CERTIFICATE PROGRAM RUSSIA

DIPLOMA PROGRAM RUSSIA

Program Faculty

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Student Name_____

Street_____

City_____

Country_____

Tel_____

Mobile_____

email_____

skype name_____

web_____

Name of advisor in the Program_____

This log is provided to students of the 3 Year Certificate and the Diploma Program Russia by the faculty. This log serves as principal prove of the completion of the requirements of the programs.

Please keep track of your activities with all Process Work Diploma holders you work with. Fill in the date, name of teacher(s), therapist or supervisor and, in case of seminars, seminar topic and duration (number of days, 6 - 7 hours = 1 day; 3-3.5 hours = half day)

Take careful note of all

- seminars
- individual therapy sessions
- live supervisions
- case consultations
- advisor contact hours
- peer group meetings (name of peers)

- all COMPLETED Intermediate Exams

- Date, Place, Duration, specific Field of Clinical Internship
- Date, Place, Duration, specific Field of Worldwork Project

It is recommended to keep a *copy* of the log to insure against loss. More booklets can be ordered through your local organizers. For the requirements please refer to the handbooks of the Certificate and the Diploma Programs.

Seminars				
Date	Duration	Topic	Teacher(s)	Signature
Example				
26.10.- 29.10.09	4 days	Intro to Process Work	R. Hauser	<i>signature</i>

Private Therapy Sessions

date, therapist, signature

Private Therapy Sessions in a Seminar (min. 30 min plus fb)

date, teacher, signature

Live-Supervision Sessions

date, supervisor, signature

Live-Supervision Session in a Seminar (min. 30 min. Plus fb)

date, teacher, signature

Case Consultation

date, supervisor, signature

Case Consultation in a Seminar (min. 30 min. incl. fb)

date, teacher, signature

Faculty Contact Hours

date, name of advisor, signature

Peer Group Meetings

date, duration (h), name of peers

Intermediate exams

date examiner passed yes/no

signature

1 Process Theory and Practice

2 Bodywork

3 Relationship

4 Altered and Extreme States

5 Movement/ Non-verbal Communication

6 Inner Work

7 Group Work

Clinical Internship

Date / Place / Duration / specific Field of Clinical Internship / advisor name / signature

Worldwork Internship

Date / Place / Duration / specific Field of Worldwork Project / advisor name / signature

Diploma Thesis

Date / working title of thesis / advisor / approved / signature

Date / title of thesis / thesis approved by advisor and faculty / signatures

All completed intermediate Exams

		Date	Examiner passed yes/no	Name and Signature
1	Process Theory and Practice			
2	Bodywork			
3	Relationship			
4	Altered and Extreme States			
5	Movement/Non-verbal Communication			
6	Inner Work			
7	Group Work			

Diploma Thesis				
Date	Working title of Thesis	Advisor	Approved	Signature

Date	Title of Thesis	Thesis approved by Advisor and Facultyr	Signatures