Internship Program Work Hours Log

Please print or type legibly. Turn in form to your faculty coordinator at the end of your internship.

Intern _____ Term _____

Internship Site _____ Supervisor _____

Week Beginning	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.	Total

Total Hours Worked: _____

I verify that the hours listed above are accurate.

Intern's Signature_____ Date_____

Supervisor's Signature_____ Date_____

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