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**Internship Weekly Report**

**FS 498R: Food Science Internship**

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Student Name \_\_\_\_\_ Employer Name \_\_\_\_\_

Reporting Period (dates) \_\_\_\_\_ to \_\_\_\_\_

Provide a brief summary of the goals, activities, and outcomes for the week:

Describe any new knowledge, skills, or experiences gained over the week:

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Student Instructions:** After the completed report has been signed by both the Intern and Employer, please scan the form to a pdf format and email it to the Internship Coordinator (Jeff Hamblin, [hamblinj@byui.edu](mailto:hamblinj@byui.edu)). Specific problems, concerns or suggestions from either the Employer or Intern should be emailed separately to the Internship Coordinator.