

Internship Hours Log

Intern Name:	Major:
Course/Credit Hours:	Semester:
Internship Site:	Supervisor Name:

Week Beginning M/DD/YY	Mon. (# of hrs)	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.	Total	Supervisor Signature
								Total Internship Hours	

Intern Signature _____ Date _____

Supervisor Signature _____ Date _____

**Must be submitted to course instructor upon completion of internship hours*