

APPENDIX E
BI-WEEKLY LOG

- Note: For reporting purposes an intern's week is Monday through Sunday. This report should be sent to the University Supervisor following the previous two workweeks and should be received on the following Friday.

Name _____ Agency _____

Week Ending: _____ Agency Supervisor _____

		Nature of Work Experience	Time Spent (Hrs.)
Mon.	Morn		
	Aft		
	Eve		Total _____
<hr/>			
Tues.	Morn		
	Aft		
	Eve		Total _____
<hr/>			
Wed.	Morn		
	Aft		
	Eve		Total _____

		Nature of Work Experience	Time Spent (Hrs.)
Thurs.	Morn		
	Aft		
	Eve		Total _____
<hr/>			
Fri.	Morn		
	Aft		
	Eve		Total _____
<hr/>			
Sat.	Morn		
	Aft		
	Eve		Total _____
<hr/>			
Sun.	Morn		
	Aft		
	Eve		Total _____

Total Hours (Week) _____
Total Hours (Cumulative)_____

I hereby certify that the information I am submitting is complete and accurate. I understand that checking "I Agree" below acts as my signature on this form.

I Agree

Date_____ (mm/dd/yyyy)

Name_____