

Internship Work Hours Log



Please Print

_____ Intern Name	_____ Term/Year
_____ Email	_____ Phone Number
_____ Number of Credit Hours	_____ Student Major
_____ Internship Site	_____ Internship Supervisor

*** EACH CREDIT HOUR EQUALS A MINIMUM OF 35 HOURS OF WORK**

Week Beginning (date)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours Worked	Supervisor Initial
TOTAL HOURS WORKED									

_____ Intern's Signature	_____ Date
_____ Supervisor's Signature	_____ Date