



Student Name: \_\_\_\_\_ Year: \_\_\_\_\_

Semester: \_\_\_\_\_ Graduate/Undergrad \_\_\_\_\_

Internship Site \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date	Start Time	End Time	Regular Hrs.	Total Hrs.	Activity
<b>Weekly Totals</b>					

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_