

Student: For each day you participate in your internship, record the date, time (e.g., 3:15 p.m. – 5:30 p.m.), and your activities. Ask your supervisor to sign the completed form at the end of your internship, and submit it to the Career Education Office, K2B.

Student Name _____ Graduation Year _____

Work Site Supervisor _____ Major _____

Internship Location _____

<u>Day of Week</u> Date	Time	Activities

Total Hours _____ (> or = 30 hours) (Use back to record additional hours, if needed)

Supervisor Signature _____ Date _____