

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 \_\_\_\_\_