

# Internship Program Time Sheet

|                    |      |              |        |        |                              |  |
|--------------------|------|--------------|--------|--------|------------------------------|--|
| Student Name:      |      |              |        |        | Student ID #:                |  |
| Course #:          |      |              |        |        | Faculty Mentor:              |  |
| Semester:          | Fall | Winter       | Spring | Summer | Internship Start Date:       |  |
| Supervisor's Name: |      |              |        |        | Telephone #                  |  |
| <b>Week Of</b>     |      | <b>Hours</b> |        |        | <b>Supervisor's Initials</b> |  |
|                    |      |              |        |        |                              |  |
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|                    |      |              |        |        |                              |  |
|                    |      |              |        |        | <b>Total Hours:</b>          |  |

\_\_\_\_\_  
Student Signature & Date

\_\_\_\_\_  
Supervisor Signature & Date