Internship Record of Hours Worked

STUDENT'S NAME_____ YEAR_____ TERM _____ Period(s) _____

SITE OF INTERNSHIP (unpaid)_____

Each period you are registered for will require 35 hours.

DATE	ARRIVAL TIME	DEPARTURE TIME	TOTAL HOURS	What did you do today? List tasks and Observations.
Total hours & employer signature are required			***Total Hours =***	

►_____ Date_____ ►_____

Sponsor's/Employer signature to verify hours ***Student Signature***

Nondiscrimination Policy: No person shall on the basis of sex, race, creed, color, national origin, religion, age or handicapping condition be excludes from participation in, be denied the benefits of or be subject to discrimination under any educational program.