

Internship Time Sheet
Semester (Circle one): Fall / Spring Year: _____

Student Name: _____ Agency Name: _____
 Course: _____ Agency Supervisor: _____
 Student Email: _____ Agency Address: _____
 Student Phone: _____ Agency Phone: _____

To the Student: In the appropriate space below, log the number of hours served each day/week. At the end of the month, enter the total number of contact hours and obtain your supervisor's signature. Without a supervisor's signature, you will not receive credit for your internship. Return completed time sheet to the Environmental Studies Department.

Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Supervisor Signature: _____							Total Hours:	

Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Supervisor Signature: _____							Total Hours:	

Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Supervisor Signature: _____							Total Hours:	

Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Supervisor Signature: _____							Total Hours:	

Total Contact Hours for the Entire Semester: _____

Student Signature: _____ Date: _____