

Internship Program Time Card

Name _____ Semester _____ Site _____

DAY	DATE	TIME IN	TIME OUT	TOTAL HOURS	WEEKLY TOTAL
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					
SUNDAY					
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FRIDAY					
SATURDAY					
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

Total Hours _____

I certify that the above named student intern satisfactorily completed the number of internship hours listed.

Supervisor's Signature _____
 Supervisor's Printed Name _____

Intern's Signature _____
 Intern's Printed Name _____