

Nicholls State University
Al Danos College of Business Administration
Department of _____
INTERN WEEKLY ACTIVITY REPORT
(To be completed by intern)

NAME: _____

INTERNSHIP SITE: _____

INCLUSIVE DATE: _____

SUPERVISOR'S SIGNATURE: _____

TOTAL HOURS WORKED: _____

DUTIES PERFORMED:

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY/SUNDAY: _____

PROBLEMS FACED AND SOLVED: _____

SKILLS NEEDING IMPROVEMENT: _____

YOUR RATING OF YOUR OVERALL PROGRESS: _____