

Internship Hourly Log

Student Name _____ Phone _____

Site Name _____ Semester _____

Internship-Site Supervisor's Name _____ Major _____

Week #	Date(s) Worked	Hours Worked	Total Hours (cumulative)
1-4			
5-8			
9-12			
13-16			

TOTAL HOURS WORKED: _____ **HOURS REQUIRED:** _____

☐ 45 hours = 1 unit ☐ 90 hours = 2 units ☐ 135 hours = 3 units

If you have not completed your total hours by the due date, you may estimate the hours you plan to work during the last week of your internship.

Intern's Signature: _____

Supervisor's Signature: _____