

INTERNSHIP PROGRAM TIME SHEET



Student's Name _____ Phone # _____ E-Mail _____
 Internship Site _____ Intern Title _____
 Organization Name _____
 Supervisor's Name _____ Supervisor's Phone # _____ ext. _____
 Start Date ___ / ___ / ___ End Date ___ / ___ / ___ Scheduled Days and Hours _____

WEEK	MON	TUE	WED	THU	FRI	SAT	SUN	TOTAL	VERIFIED
1:									
2:									
3:									
4:									
5:									
6:									
7:									
8:									
9:									
10:									
TOTAL SEMESTER HOURS									

Student's Signature _____ Date _____

Student's Name (please print) _____

Supervisor's Signature _____ Date _____

Supervisor's Name (please print) _____

UCS Internship Coordinator Signature _____ Date _____