Internship Time Sheet

Name: _____ Semester: _____
Site: _____

Week Beginning	Monday	Tuesday	Wednesday	Thursday	Friday	Total:

Total hours_____

I certify that the above hours are correct:

_____ _____
Site Supervisor Date

_____ _____
Intern Date

Please Return to:
Catherine Filene Shouse Career Center • 401 Rosemont Ave• Frederick MD 21701