Hood College Graduate Internship Time Sheet

Name:					Student ID#:			=
Internship Course Number:				Credits:		Term/Year:		_
List the numb	er of hours w	vorked each	day and total ea	ach week in th	ne chart bel	low:		
WEEK BEGINNING	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL HOURS
T		<u> </u>						<u> </u>
Total hours for entire internship: Student's Signature:							Date:	
Site Supervisor's Signature:							Date:	
Return this fo	rm to vour H	ood faculty	internship instru	uctor by the e	nd of the te	erm in which vo	ou are enro	lled. This

Return this form to your Hood faculty internship instructor by the end of the term in which you are enrolled. This information will be factored into your overall grade for the course.