Internship Time Sheet

Name: _____ Semester: _____

Site: _____

Week Beginning	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total:

Total hours_____

I certify that the above hours are correct:

_____ _____ _____ _____

Site Supervisor Date Intern Date

Please Return to: Catherine Filene Shouse Center for Career Development and Experiential Education • 401 Rosemont Ave• Frederick MD 21701