

Internship Timesheet

Student Name: _____ Course: _____

Agency: _____

Student: Please record all hours and have your site supervisor initial each time you are at the site.

Date	Hours	Supervisor Initials

Date	Hours	Supervisor Initials
Total Hours		

Agency Supervisor Name (Please Print): _____

Agency Supervisor Email: _____

Supervisor Signature (signature at completion of semester): _____

Date of Signature and Completion of Hours for the Semester: _____