



Your University of Choice

Timesheet for Internship

Name of Student _____
Name of Internship Site _____

<i>Days</i>	<i>Date</i>	<i>Hours</i>
Week 1		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Week 2		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Total Hours

Supervisor Signature

Date

Please Submit Timesheet Every Two Weeks
 (You can fax, email, mail, or hand deliver your timesheet)

Contact information:
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