

**Internship Time Sheet**  
**Semester (Circle one): Fall / Spring Year: \_\_\_\_\_**

Student Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
 Course: \_\_\_\_\_ Agency Supervisor: \_\_\_\_\_  
 Student Email: \_\_\_\_\_ Agency Address: \_\_\_\_\_  
 Student Phone: \_\_\_\_\_ Agency Phone: \_\_\_\_\_

**To the Student:** In the appropriate space below, log the number of hours served each day/week. At the end of the month, enter the total number of contact hours and obtain your supervisor's signature. Without a supervisor's signature, you will not receive credit for your internship. Return completed time sheet to the Environmental Studies Department.

Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Supervisor Signature: _____							Total Hours:	

Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Supervisor Signature: _____							Total Hours:	

Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Supervisor Signature: _____							Total Hours:	

Week of	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
Supervisor Signature: _____							Total Hours:	

Total Contact Hours for the Entire Semester: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_