Internship Work Hours Log

Please Print Return Completed Form to Hollenbeck 307 or Email to Heath Queen at queenh@wittenberg.edu.

_____ _____

Intern Name **Term/Year**

_____ _____

Email **Phone Number**

_____ _____

Number of Credit Hours **Student Major**

_____ _____

Internship Site **Internship Supervisor**

*** EACH CREDIT HOUR EQUALS A MINIMUM OF 35 HOURS OF WORK**

Week Beginning (date)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total Hours Worked	Supervisor Initial
TOTAL HOURS WORKED									

_____ _____

Intern's Signature **Date**

_____ _____

Supervisor's Signature **Date**

Questions? Contact Heath Queen at 937-327-6138 or at queenh@wittenberg.edu .