



## LOG OF HOURS WORKED

Organization: \_\_\_\_\_ Student Name: \_\_\_\_\_

| Date                  | Hours Worked | Describe Work Completed |
|-----------------------|--------------|-------------------------|
|                       |              |                         |
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|                       |              |                         |
|                       |              |                         |
| Total<br>Hours Worked |              |                         |

Internship Site Supervisor (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Student (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor (Signature): \_\_\_\_\_ Date: \_\_\_\_\_