INTERNSHIP TIME LOG

Please use this form to document the days and hours you worked. Return this form to Dr. Meredith Katz, Sociology Internship Coordinator by the date indicated (continue on back if neccessary)

Date(s)	Hours

Date(s)	Hours

Total Hours Worked ____

Intern's Name _____ **Supervisor's Name _____**

Intern's Signature _____ **Supervisor's Signature _____**