

Cumulative Hour Log for Student-Intern

replace with
LOGO

Internship Program
 [Coordinator's Name]
 [School Name]
 [Street Address]
 [City, ST ZIP Code]
Phone: [phone] | **Fax:** [Fax]
 [Email] | [Website]

Intern's Name: _____

Mentor's Name: _____

Internship Site: _____

Documentation

Due on or before the last day of the grading period.

Week Number	Week Start Date <i>(Month, Day, Year)</i>	Week End Date <i>(Month, Day, Year)</i>	Total Weekly Hours
1	_____ - _____ - 20_____	_____ - _____ - 20_____	
2	_____ - _____ - 20_____	_____ - _____ - 20_____	
3	_____ - _____ - 20_____	_____ - _____ - 20_____	
4	_____ - _____ - 20_____	_____ - _____ - 20_____	
5	_____ - _____ - 20_____	_____ - _____ - 20_____	
6	_____ - _____ - 20_____	_____ - _____ - 20_____	
7	_____ - _____ - 20_____	_____ - _____ - 20_____	
8	_____ - _____ - 20_____	_____ - _____ - 20_____	
9	_____ - _____ - 20_____	_____ - _____ - 20_____	
10	_____ - _____ - 20_____	_____ - _____ - 20_____	
11	_____ - _____ - 20_____	_____ - _____ - 20_____	
12	_____ - _____ - 20_____	_____ - _____ - 20_____	
13	_____ - _____ - 20_____	_____ - _____ - 20_____	
14	_____ - _____ - 20_____	_____ - _____ - 20_____	
15	_____ - _____ - 20_____	_____ - _____ - 20_____	
15	_____ - _____ - 20_____	_____ - _____ - 20_____	
17	_____ - _____ - 20_____	_____ - _____ - 20_____	
18	_____ - _____ - 20_____	_____ - _____ - 20_____	

Total Number of Internship Experience Hours this Grading Period:

Intern's Signature: _____

Date: _____

Mentor's Signature: _____

Date: _____