Students enrolled in CM430 Internship class for credit must work a **MINIMUM OF 100** hours during the fall, spring or summer terms. Please keep a record of your hours worked. This sheet must be filled out, **SIGNED BY YOUR SUPERVISOR** and turned in with your final evaluation at the end of the semester.

Name: __________________________________________________________________________________________________

Company: _______________________________________________________________________________________________

Supervisor's signature: ______________________________________________________________  Date: _________________

Applicant's signature: ________________________________________________________________  Date: _________________

Week of _________________________________________________________ 20 ______   ___________________ hours

Week of _________________________________________________________ 20 ______   ___________________ hours

Week of _________________________________________________________ 20 ______   ___________________ hours

Week of _________________________________________________________ 20 ______   ___________________ hours

Week of _________________________________________________________ 20 ______   ___________________ hours

Week of _________________________________________________________ 20 ______   ___________________ hours

Week of _________________________________________________________ 20 ______   ___________________ hours

Week of _________________________________________________________ 20 ______   ___________________ hours

Week of _________________________________________________________ 20 ______   ___________________ hours

Week of _________________________________________________________ 20 ______   ___________________ hours

Total Hours _________________________________________________