

## Experiential Learning (EXPRL) 191/192/193

Academic Internship Experience

## TIMESHEET

Please complete this form as you progress through your internship and include it in your Internship Portfolio. You can use this form or have your supervisor sign any other document that shows this information. Either way, it must include your employer's signature and a tally of the total hours worked.

Intern's Name:	I				
Quarter & Year:	•				
Internship Title:	•				
Company Name:					
Supervisor's Name:	<b>!</b>				
-					•
	Week Beginning:	<b>Hours Completed:</b>	Week Beginning:	<b>Hours Completed:</b>	
			Total Hours:		
Student's Signature:					
Student's Signature: Date:					
Employer's Signature: Date:					