



# INTERNSHIP/PRACTICUM WEEKLY REPORT

PANGASINAN STATE UNIVERSITY  
San Carlos Campus

NAME OF STUDENT- INTERN		
INTERNSHIP INSTRUCTOR		
NAME OF COMPANY		
JOB DESCRIPTION		
START DATE		
END DATE		
NUMBER OF HOURS		
DATE	TASKS ACCOMPLISHED	KNOWLEDGE, SKILLS, VALUES LEARNED
Week 1 (Dates of Coverage)		
Week 2 (Dates of Coverage)		
Week 3 (Dates of Coverage)		
Week 4 (Dates of Coverage)		

PREPARED BY:

NOTED BY:

\_\_\_\_\_  
Signature of Student-Intern

\_\_\_\_\_  
Signature over printed name of  
On-Site Supervisor

Date: \_\_\_\_\_

Date: \_\_\_\_\_