INTERNSHIP WORK HOURS LOG

Coastal Carolina University

Intern Name: _____ ID#:_____ Term/Year: _____

Phone: _____ E-mail: _____ Major: _____

Employer: _____ Supervisor: _____

Week Worked	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total	Supervisor Initial
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	
								0.0	

Total Hours Worked: 0.0

Intern's Signature _____ Date _____

Supervisor's Signature _____ Date _____