# INTERNSHIP PROGRAM

**Intern Log of Hours**

***Turn in Weekly***

*(Keep on file for state audit)*

Intern Name

You need to have at least 90 hours in order to receive ½ credit for your internship.

School Year \_2018-2019\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester  Fall  Spring  Summer

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| --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME IN** | **TIME OUT** | **# OF HOURS** | **TOTAL HOURS** | **PARTNER INITIALS** |
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Student and Coordinator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_