Yavapai College Internship Hour Log

Name: _____ Work Site: _____

Supervisor Name: _____ Supervisor Email: _____

Internship Course: _____ Faculty Advisor: _____

Week Beginning	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly Total
Total Hours Worked:								

I verify that the hours listed above are accurate.

Your signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____