



Form 9: Internship Time Sheet

Intern's Name:

Agency:

Field Supervisor:

Quarter and Year:

**This intern has completed _____ supervised hours in internship
as of _____.**
(date of below signature)

**I anticipate that this intern will complete the required 120 hours for this
quarter by _____.**
(date projected for completion of hours)

**If for any reason the intern does not complete 120 hours as agreed, I will notify the
university instructor member overseeing this student placement.**

Field Supervisor Signature

Date

I have reviewed the above information and agree with its validity.

Intern Signature

Date

University Instructor Signature

Date