

**Academic Internship Program**

**Time Sheet**

*Please track your internship hours here throughout the entire semester. Once your internship has been completed, please have your Site Supervisor sign off on your total hours, and submit your completed Time Sheet through your Final Internship Evaluation. It may also be scanned and emailed to the Internship Coordinator (**JMonell@clarku.edu**) or dropped off at the Alumni & Student Engagement Center.*

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internship Site:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **WEEK** | **SUN** | **MON** | **TUE** | **WED** | **THURS** | **FRI** | **SAT** | **TOTAL** (/ |
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|  |  |  |  |  |  |  |  | week) |
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| **2** |  |  |  |  |  |  |  |  |
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| **3** |  |  |  |  |  |  |  |  |
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| **4** |  |  |  |  |  |  |  |  |
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| **5** |  |  |  |  |  |  |  |  |
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| **6** |  |  |  |  |  |  |  |  |
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| **7** |  |  |  |  |  |  |  |  |
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| **8** |  |  |  |  |  |  |  |  |
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| **9** |  |  |  |  |  |  |  |  |
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| **10** |  |  |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |  |  |
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| **12** |  |  |  |  |  |  |  |  |
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| **13** |  |  |  |  |  |  |  |  |
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| **14** |  |  |  |  |  |  |  |  |
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**Total Number of Hours:** \_\_\_\_\_\_\_\_\_\_\_\_

**Site Supervisor Name (Printed):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site Supervisor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

Questions? For further assistance, please contact the Career Connections Center at [CServices@clarku.edu](file:///%5C%5Cfs.clarku.edu%5Cdept%5Cua%5Cccchome%5CWebsite%5CUpdates_AY_19_20%5CAIP%5CCServices%40clarku.edu).

Updated 12-3-2019