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

Total Hours Worked: _____

Intern's Signature _____ Date _____

Supervisor's Signature _____ Date _____