INTERNSHIP WORK HOURS LOG
Coastal Carolina University

Intern Name: _____ ID#:_____ Term/Year: _____

Phone: _____ Email: _____ Major:_____ _____

Employer:_____ Supervisor:_____

Week Worked	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Time	Supervisor Initial

Total Hours Worked: _____

Intern's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____