

Internship Weekly Report

Name:		Date:	
Session: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Other _____	Course: <input type="checkbox"/> Pol 3097 <input type="checkbox"/> Pol 3197	# of credits:	
Agency:	On-the-job Supervisor:		
Week of:	Number of hours worked:		
Briefly summarize work assignments completed this week (use additional sheets if necessary).			