

Internship Timesheet

Student Name				ID		
Faculty Advis	or					
Term		Year		Credits		
Site Name _			Site Si	upervisor Name		
		1				
Date	Time In	Time Out	Hours	Activity Log		
	Sem	ester Total				
I certify that I	have worked tl	he hours indica	ted above.			
Student Interr	n Signature			Date		
I certify that ti	he Student Inte	rn has worked	the hours in	dicated above.		
Site Supervisor Signature				Date		

Once this form has been completed and signed by the Student Intern and Site Supervisor, the Student Intern must upload a scan/photo of the completed form to the Chapman University Internship Portal according to the internship calendar deadline.