



STATE UNIVERSITY OF NEW YORK

Student Career Services

Internship Program Time Sheet\*

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Course #: \_\_\_\_\_ Faculty Mentor: \_\_\_\_\_

Semester: \_\_\_\_\_ Internship Start date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Table with 3 columns: Week of, Hours, Supervisor's Initials. Includes a Total hours row at the bottom right.

Student Signature Date Supervisor Signature Date

\* Students must put in a total of 135 hours at the internship site.