INTERN TIME RECORD Department of Political Science Eastern Michigan University

Semester/Year:	
Student Name:	
Internship Agency:	
Internship Supervisor (print):	
Internship Supervisor's signature:	date:

Instructions: For each date the student is in his/her internship placement, please record the date, hours worked and calculate the total hours worked. Obtain the signature of your official supervisor and turn this form in on the fifth, tenth, and final week of the semester.

Date Worked	Hours Worked	Total Hours
	Date Worked	Date Worked Hours Worked Image: Constraint of the second secon