

***DETAILED TIME SCHEDULE**

**(Due two weeks before the final exam week in the Fall and Spring semesters,
and the first Friday of August for the Summer)**

The following is a day by day accounting of my time schedule over the course of the internship for

_____, which was conducted under the supervision
[print your name here]

[name & title of your supervisor]

BEGINNING DATE OF PLACEMENT: _____

ENDING DATE OF PLACEMENT: _____

NUMBER OF WEEKS OF PLACEMENT: _____

AVG # OF HRS YOU WORKED AT AGENCY PER WEEK: _____

TOTAL # OF HOURS YOU WORKED AT AGENCY: _____

DATE:	_____	_____	_____	_____	_____	_____	_____	_____
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START/:	From:	From:	From:	From:	From:	From:	From:	HRS
END	To:	To:	To:	To:	To:	To:	To:	PER WK
# HRS	_____	_____	_____	_____	_____	_____	_____	_____

DATE:	_____	_____	_____	_____	_____	_____	_____	_____
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START/:	From:	From:	From:	From:	From:	From:	From:	HRS
END	To:	To:	To:	To:	To:	To:	To:	PER WK
# HRS	_____	_____	_____	_____	_____	_____	_____	_____

DATE:	_____	_____	_____	_____	_____	_____	_____	_____
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START/:	From:	From:	From:	From:	From:	From:	From:	HRS
END	To:	To:	To:	To:	To:	To:	To:	PER WK

# HRS	_____	_____	_____	_____	_____	_____	_____	_____
DATE:	_____	_____	_____	_____	_____	_____	_____	
START/:	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
END	From:	From:	From:	From:	From:	From:	From:	HRS
	To:	To:	To:	To:	To:	To:	To:	PER WK
# HRS	_____	_____	_____	_____	_____	_____	_____	_____
DATE:	_____	_____	_____	_____	_____	_____	_____	
START/:	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
END	From:	From:	From:	From:	From:	From:	From:	HRS
	To:	To:	To:	To:	To:	To:	To:	PER WK
# HRS	_____	_____	_____	_____	_____	_____	_____	_____
DATE:	_____	_____	_____	_____	_____	_____	_____	
START/:	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
END	From:	From:	From:	From:	From:	From:	From:	HRS
	To:	To:	To:	To:	To:	To:	To:	PER WK
# HRS	_____	_____	_____	_____	_____	_____	_____	_____
DATE:	_____	_____	_____	_____	_____	_____	_____	
START/:	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
END	From:	From:	From:	From:	From:	From:	From:	HRS
	To:	To:	To:	To:	To:	To:	To:	PER WK
# HRS	_____	_____	_____	_____	_____	_____	_____	_____
DATE:	_____	_____	_____	_____	_____	_____	_____	
START/:	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
END	From:	From:	From:	From:	From:	From:	From:	HRS
	To:	To:	To:	To:	To:	To:	To:	PER WK
# HRS	_____	_____	_____	_____	_____	_____	_____	_____

DATE: _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START/:	From:	From:	From:	From:	From:	From:	From:	HRS
END	To:	To:	To:	To:	To:	To:	To:	PER WK

HRS _____

DATE: _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START/:	From:	From:	From:	From:	From:	From:	From:	HRS
END	To:	To:	To:	To:	To:	To:	To:	PER WK

HRS _____

DATE: _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START/:	From:	From:	From:	From:	From:	From:	From:	HRS
END	To:	To:	To:	To:	To:	To:	To:	PER WK

HRS _____

DATE: _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START/:	From:	From:	From:	From:	From:	From:	From:	HRS
END	To:	To:	To:	To:	To:	To:	To:	PER WK

HRS _____

DATE: _____

	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START/:	From:	From:	From:	From:	From:	From:	From:	HRS
END	To:	To:	To:	To:	To:	To:	To:	PER WK

HRS _____

DATE:	_____	_____	_____	_____	_____	_____	_____	_____
	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL
START/:	From:	From:	From:	From:	From:	From:	From:	HRS
END	To:	To:	To:	To:	To:	To:	To:	PER WK
# HRS	_____	_____	_____	_____	_____	_____	_____	_____

SIGNATURE: _____
 AGENCY SUPERVISOR

TELEPHONE NO: _____

NAME OF AGENCY: _____

SIGNATURE: _____
 INTERN STUDENT

TELEPHONE NO: _____

ADDRESS: _____

*Complete three copies of this form. One copy for the files of Dr. Lankford the agency supervisor, and the student intern. Proper distribution of this form and other forms is the student's responsibility.