

*SUMMARY OF TIME SCHEDULE

**(Due at the end of the first full week of class in the Fall and Spring semesters,
and by the end of the first week of class for the Summer)**

Based on my discussion with my Agency Supervisor, _____,
[print his/her name & title here]

the following is a tentative time schedule for the internship for

[print your name here]

	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	_____	_____	_____	_____	_____	_____	_____	_____

BEGINNING DATE OF PLACEMENT: _____

ENDING DATE OF PLACEMENT: _____

NUMBER OF WEEKS OF PLACEMENT: _____

TOTAL NUMBER OF HOURS (# hrs per week * # weeks of placement): _____

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.