

CATAWBA COLLEGE | SCHOOL OF BUSINESS

The Ralph W. Ketner School of Business
 MGT 4403/ CIS 4403 Experiential Learning
INTERNSHIP TIME SHEET

In the appropriate space below, log the number of hours worked each day/week. At the end of the month, enter the total number of work hours and obtain your supervisor's signature. Without a supervisor's signature, you will not receive credit for your internship. Return completed time sheet to the Experiential Learning faculty. Keep in mind that each 40 hours of work amounts to 1 credit hour.

STUDENT INFORMATION	
NAME:	TODAY'S DATE:
ORGANIZATION'S NAME:	POSITION/JOB TITLE:
ORGANIZATION ADDRESS:	SUPERVISOR'S NAME:
STARTING DATE (MM/DD/YYYY):	COMPLETION DATE (MM/DD/YYYY):

Week of	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Supervisor's Signature							Total Hours	

Week of	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Supervisor's Signature							Total Hours	

Week of	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Supervisor's Signature							Total Hours	

Week of	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Supervisor's Signature							Total Hours	

Week of	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Supervisor's Signature							Total Hours	

Week of	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total
Supervisor's Signature							Total Hours	

Student's signature:	
Date:	