Communication 4940: Professional Internship

Record of Hours Worked

(Have your supervisor sign and
return to Dr. Michael Porter by Dec. 10, May 1 or July 29)

Week Of:	**Hours**	**Week Of:**	**Hours:**

Total Hours Worked:_____

I certify that the above represents an accurate account of the hours worked over the course of this internship.

_____ _____

Student Signature Internship Supervisor Signature