

**COLLEGIATE SCHOOL OF MEDICINE AND BIOSCIENCE
INTERNSHIP PROGRAM TIME SHEET**

Student Name: _____

Internship Site: _____

Supervisor: _____

Comments (make sure all missing days, absences, changes in normal hours, etc. are noted here with reasons):

Date	Day of the Week	Time In	Time Out	Total Time	Supervisor Signature
		TOTAL # HOURS ON SHEET:			

Due dates for time sheets, daily notes, and reflection journals: January 23, February 6, February 20, March 6, March 20, April 3, April 17, May 1