|  |  |
| --- | --- |
| Student ID: |  |
| Full name: |  |
| Student Telephone No. / email |  |
| Internship week number: | ……………….. , from \_\_/\_\_ to \_\_/\_\_\_ |
| Today’s day: |  |
| Name of the company/institution |  |
| Representative Full name: |  |
| Company/institution telephone # |  |
| Number of Hours Worked this Week: |  |

|  |  |  |
| --- | --- | --- |
|  | **Duties accomplished this week** | **% time spent** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
|  | total | 100% |

|  |
| --- |
| Additional Activities |
|  |

|  |
| --- |
| **Summarize briefly what new knowledge and experiences have been gained** |
|  |

|  |
| --- |
| **Problems, concerns, or suggestions** |
|  |

|  |  |
| --- | --- |
| **Student Name & Signature** | **Date** |

|  |  |
| --- | --- |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Host Organization Supervisor’s  Signature & Stamp | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date |