|  |  |
| --- | --- |
| 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  |
| *
*

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

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

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

|  |  |
| --- | --- |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Host Organization Supervisor’sSignature & Stamp | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |