CHAPMAN UNIVERSITY

Internship Timesheet

Student Name _____ ID 0_____

Faculty Advisor _____

Term Fall_____ Year _____ Credits 0_____

Site Name _____ Site Supervisor Name _____

Date	Time In	Time Out	Hours	Activity Log
		Semester Total		

I certify that I have worked the hours indicated above.

Student Intern Signature _____ Date _____

I certify that the Student Intern has worked the hours indicated above.

Site Supervisor Signature _____ Date _____

Once this form has been completed and signed by the Student Intern and Site Supervisor, the Student Intern must upload a scan/photo of the completed form to the Chapman University Internship Portal according to the internship calendar deadline.

Chapman University Career and Professional Development
chapman.edu/internships | (714) 997-6942 | internships@chapman.edu

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