

Internship Timesheet

Student Name	e			ID		
Faculty Adviso	or					
Term		Year		Credits		
Site Name _			Site Si	upervisor Name		
Date	Time In	Time Out	Hours	Activity Log		
	Sem	ester Total				
I certify that I	have worked th	he hours indica	ited above.			
Student Interr	n Signature		Date			
I certify that th	he Student Inte	rn has worked	the hours in	dicated above.		
Site Superviso	or 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.



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