



Student Name \_\_\_\_\_ ID \_\_\_\_\_

Term \_\_\_\_\_ Year \_\_\_\_\_ Credits \_\_\_\_\_

Date	Time In	Time Out	Hours	Activity Log
Semester Total				

Student Intern Signature \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

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



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