CHAPMAN UNIVERSITY

Internship Timesheet

Student Name _____ ID_____

Faculty Advisor _____

Term _____ Course_____ Credits _____

Site Name _____Site Supervisor Name _____

Date	Time In	Time Out	Hours	Activity Log

Semester Total

I certify that, as part of my internship for academic credit, I have completed the hours indicated above.

Student Intern Signature _____ Date _____

I certify that the Student Intern has competed 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.

Office of the University Registrar
chapman.edu/internships | (714) 997-6701 | internships@chapman.edu

Date	Time In	Time Out	Hours	Activity Log

Semester Total

I certify that, as part of my internship for academic credit, I have completed the hours indicated above.

Student Intern Signature ________________________________ Date ______________

I certify that the Student Intern has completed 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.

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