DEPAUL UNIVERSITY
COLLEGE OF COMMUNICATION

Intern Time Sheet _____ (Quarter) _____ (Year)

Intern Name_____ **Signature**_____

Organization_____

Supervisor Name_____ **Signature**_____

The purpose of this form is to keep track of the hours the intern works in order to meet the Internship Program requirements. Please complete the appropriate column and sign it each week.

Week Begins	Number of Hours Intern Worked	Supervisor Signature	Student Signature