University of Oregon Department of Geography Internship Time Sheet

Student Name:		Term:	
Internshi	p site/ organization:		
Date	Description of work		Hours worked
	Midt	erm subtotal of hours	

Print off more copies if you need more space to account for hours.

Total internship hours

Midterm Hours	Student Intern signature:	Date:	
	Supervisor Signature:	Date:	
Final Hours	Student Intern signature:	Date:	
T mai i louio	Supervisor Signature:	Date:	

This form should be turned to the Internship Coordinator and with the final project to the faculty supervisor in the Department of Geography