PSY 499 TIME LOG UNDERGRADUATE INTERNSHIP

Semester: _____

Name: _____

Placement: _____

Agency Supervisor (printed): _____

Date	Hrs Worked		Date	Hrs Worked		Date	Hrs Worked
						TOTAL HRS:	
						Units Registered:	

Supervisor's Comments: _____

_____

_____

_____

Supervisor's Signature

(indicates completion of hours recorded above)