



South Central College

A MINNESOTA COMMUNITY AND TECHNICAL COLLEGE

FARIBAULT • MANKATO

STUDENT'S WEEKLY REPORT

Intern: _____ Week Beginning: _____ To: _____

Position: _____

Employer: _____

Internship Supervisor's Name: _____ Phone: _____

Internship Coordinator: _____

DAY	TIME IN	TIME OUT	TOTAL HOURS	MAJOR DUTIES PERFORMED
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
TOTAL HOURS				

Signatures: _____

Student Intern

Internship Supervisor

PLEASE RETURN TO: Internship Coordinator