

**SCHOLARSHIP TIME SHEET**

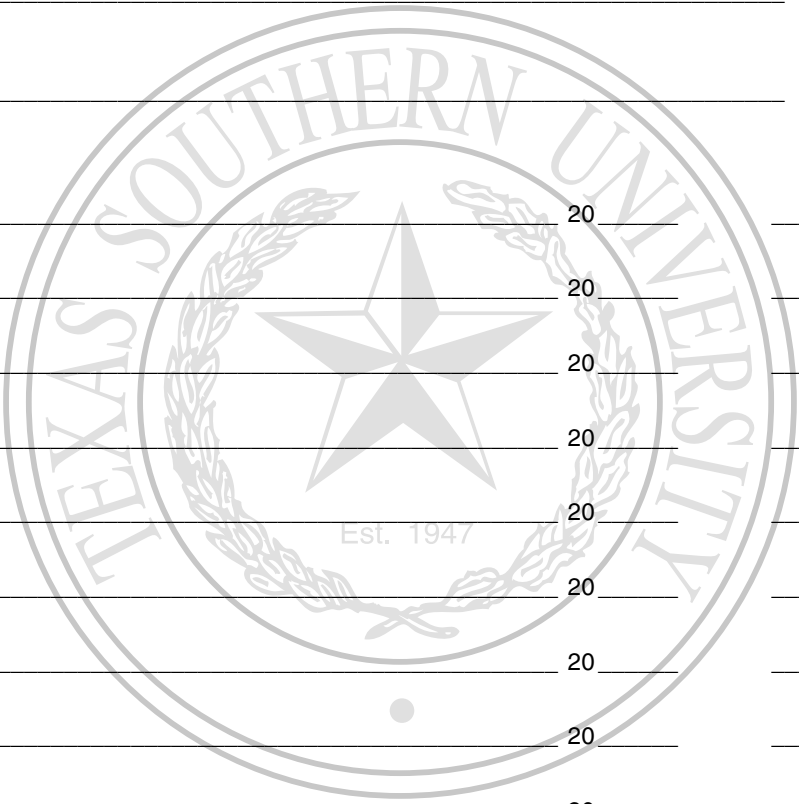
Students enrolled in CM430 Internship class for credit must work a **MINIMUM OF 100** hours during the fall, spring or summer terms. Please keep a record of your hours worked. This sheet must be filled out, **SIGNED BY YOUR SUPERVISOR** and turned in with your final evaluation at the end of the semester.

Name: \_\_\_\_\_  
Last name First name M

Company: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month Day Year



Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

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Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Week of \_\_\_\_\_ 20 \_\_\_\_\_ hours

Total Hours \_\_\_\_\_