

**DEPARTMENT OF SOCIAL AND CULTURAL SCIENCES
MARQUETTE UNIVERSITY**

Verification of Internship Hours Worked
(Agency form may be copied and substituted)

Name: _____

Your hours must be signed by you field supervisor and the Internship Coordinator

	Wk. 1	Wk. 2	Wk. 3	Wk. 4	Wk. 5	Wk. 6	Wk. 7	Wk. 8	Wk. 9	Wk. 10	Wk.
Mon											
Tue											
Wed											
Thur											
Fri											
Other											
Weekly Total											
Cumulative Total											

Supervisor: _____

Date:

Student: _____

Date:

Internship Coordinator: _____

Date: