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INTERNSHIP JOURNAL OF ACTIVITIES

Name: _____ Week of: _____
 Mentor: _____ Firm: _____

Activities Performed:

Activities Observed: (Collaboration, Team Work, etc.)

Skills or Information Gained or Enhanced:

_____	_____	Hours worked this week: List By date & time, i.e. 4/17, 10:00- 4:00, 6 hours. Use quarter-hour increments.
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	TOTAL HOURS WORKED THIS WEEK: _____

Signature: _____ Date: _____