

HSU ANTH Student Time Log

Name: _____ Course: _____ Advisor: _____

Internship Location: _____

Agency Supervisor's name: _____

Agency Supervisor's contact info:

Date	Time In	Time Out	Hours	Activities

Total Hours:

Supervisor: Please check the box below that best describes the student's performance:
 Outstanding Excellent Average /Acceptable Problematic
Comments (optional):

Student Signature:

Agency Supervisor Signature