STUDENT-INTERN'S WEEKLY JOB RECORD

Name of Intern _____

Name of Supervisor _____ **Firm** _____

Week Dating From _____ **to** _____

Please provide a <u>detailed</u> summary of your week's activities:

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While you were in training this week, what problems did you meet?

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Did you have an interesting or unusual experience this week? Did you learn anything new? What was it?

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General Comments:

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Signed (student): _____

Please return report each week to:

Tracy Smith-Jones
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Colorado State University, 111 Shepardson
Fort Collins, CO 80523-1173
Phone – 970-491-0877; FAX – 970-491-7745; e-mail – Tracy.Smith-Jones@colostate.edu

Forms also available on-line: http://hla.colostate.edu/forms/WeeklyJobRecord.doc