

Queens College
 Graduate School of Library
 & Information Studies (GSLIS)
 65-30 Kissena Boulevard
 Flushing, NY 11367-1597

Internship Time Log

This form **MUST BE** completed using **Blue** or **Black INK** -- do **NOT** use PENCIL. Any **CHANGES** MUST BE initialed by the **Site Supervisor**.

Student's Name [Print]: _____
LAST NAME, FIRST NAME

Name of Host Institution: _____

Site Supervisor's Name [Print]: _____

Site Supervisor's [Signature]: _____

Date	Internship Experience -- Brief Description of Activity	Start Time	Finish Time	Total Hours	Site Supervisor's Initials
Total Hours for <i>this</i> Internship Time Log:					
Total CUMULATIVE Hours for <i>all</i> Internship Time Logs:					

Course Instructor will keep ORIGINAL Time Logs. Students are responsible for making COPIES of Time Log(s) for their OWN RECORDS.