



**Glendale Community College  
Internship Program Time Sheet**

Student Name:

Student ID:

Company Name: \_\_\_\_\_

Week of	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10	
Mon											
Tues											
Wed											
Thurs											
Fri											
Sat											
Sun											Total
WEEK TOTAL											

Week of	Week 11	Week 12	Week 13	Week 14	Week 15	Week 16					
Mon											
Tues											
Wed											
Thurs											
Fri											
Sat											
Sun											Total
WEEK TOTAL											

Date

Supervisor's Signature