

**Southwestern University
Academic Internship Bi-Weekly Timesheet**

Intern Full Name: _____ **Week 2 End Date:** _____

Internship Site: _____

WEEK 1	START	STOP	START	STOP	START	STOP	DAILY TOTAL
SUNDAY Date:							
MONDAY Date:							
TUESDAY Date:							
WEDNESDAY Date:							
THURSDAY Date:							
FRIDAY Date:							
SATURDAY Date:							

TOTAL HOURS FOR WEEK 1 _____

WEEK 1	START	STOP	START	STOP	START	STOP	DAILY TOTAL
SUNDAY Date:							
MONDAY Date:							
TUESDAY Date:							
WEDNESDAY Date:							
THURSDAY Date:							
FRIDAY Date:							
SATURDAY Date:							

I certify that these hours are true and correct.

TOTAL HOURS FOR WEEK 2 _____

Intern Signature Date

Internship Supervisor Signature Date

Please Print Internship Supervisor Name

All time sheets are due completed and signed to Career Services by **NOON the following Tuesday.**