

INTERNSHIP IN HISTORY PROGRESS REPORT

Department of History, Rowan University

Sponsoring Institution (Please print):

Student's Name (Please Print):

Supervisor's Name (Please Print):

Semester (Circle): Fall Spring Summer **Year:** 20_____

Instructions: In the table below, put the number of hours worked under the appropriate day.

Date of First Monday on This Calendar: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Total Number of Hours Worked during Period: _____

Total Number of Hours Worked at Internship to Date: _____

If you were unable to complete your scheduled hours of internship time, please explain in the space below.

Student's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____