

# INTERNSHIP REPORT

Gaylord College of Journalism and Mass Communication  
 395 W. Lindsey, Suite 2520, The University of Oklahoma  
 Norman, OK 73019, Phone (405)325-3689

Intern's Name \_\_\_\_\_ Local Phone \_\_\_\_\_

Intern's Address \_\_\_\_\_  
Street City State Zip

Place of Internship \_\_\_\_\_ Supervisor \_\_\_\_\_

Total hours from last report \_\_\_\_\_ + total hours contained in this report \_\_\_\_\_ = total to be forwarded to next report \_\_\_\_\_.

A. List below appropriate data concerning work schedule during this report period:  
 (15 minute increments count as 0.25 hours. i.e. 3 hours, 15 minutes equals 3.25 hours)

Month	Date	Year	Day	Time	Hours
			Sunday	a.m. : p.m. to :	
			Monday		
			Tuesday		
			Wednesday		
			Thursday		
			Friday		
			Saturday		
<b>TOTAL HOURS FOR THE WEEK</b>					

B. Following is a general summary of work done during the above work period: (Be specific)

\_\_\_\_\_  
**Intern's Signature**

\_\_\_\_\_  
 Date Report Completed

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
 Date