

UNIVERSITY OF DAYTON | DEPARTMENT OF POLITICAL SCIENCE
POL 495 INTERNSHIP WORK SCHEDULE

Student Name: _____

Host Agency: _____

Weekday	Schedule <i>(xx:xx-xx:xx am/pm)</i>	Number of Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		
Total Number of Hours		

Student's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Return this form to the Internship Coordinator *prior the start* of the internship period.

Date Received by Internship Coordinator: _____