Washburn University
Family & Human Services Department
Internship Log of Hours: Family Services Students

Student: _____ Semester/Year: _____
Course #: _____ Agency: _____

Date	Time In	Time Out	Daily Hours	Cumulative Hours (running total)	Comments
				0.00	
				0.00	
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Use additional pages as needed.

Total Hours Completed for Internship: 0.00

Student Signature: _____ Date: _____
Site Supervisor Signature: _____ Date: _____
Seminar Instructor Signature: _____ Date: _____

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Family & Human Services Department
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