Communication/Mass Media Internship
COMM/MM 4379.010

Weekly Internship Report

For Week Ending _____

Student's Name _____

Supervisor's Name _____

Organization _____

Hours Worked: Sunday _____ Monday _____ Tuesday _____
Wednesday _____ Thursday _____ Friday _____ Saturday _____

Summarize your thoughts regarding your internship this week. Include duties you have performed, facts, and procedures you have learned, skills you have mastered, and observations you have made.

Professional Supervisor's Signature _____

Student's Signature _____

Date _____