CCA CALIFORNIA COLLEGE OF THE ARTS
San Francisco & Oakland

Internship Hours Log

Name: _____ Student E-mail: _____

Major: _____ Internship Site: _____

Semester/Year: _____ Supervisor's Name: _____

Week of	Hours Worked	Total
		Total:

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____