Internship Transcript Notation and Evaluation Form

The Internship and Career Center
University of California, One Shields Ave
Davis, CA 95616
(530) 752-2855 FAX (530) 752-0411

If your internship requires reporting of hours, please use this sheet.

Quarterly Time Sheet

Legibly print or type the following information:

Name: _____ Student ID: _____

Email: _____ Telephone: ( ) _____

Internship Organization: _____ Telephone: ( ) _____

Supervisor's Name: _____ Email: _____

*Supervisors initial after each time period worked.

Date	Hours	Supervisor's Initials	Date	Hours	Supervisor's Initials

Signatures

Total Hours: _____ Student: _____

Supervisor: _____

Dishonesty will be referred to the Office of Student Support & Judicial Affairs, UC Davis.