



DIVISION OF FILM AND MEDIA ARTS
MEADOWS SCHOOL OF THE ARTS

WEEKLY REPORT FORM

This form is to be completed by the student intern each week. This form must be submitted to the Internship Coordinator. The form should be completed for tasks completed the week prior.

Student Name

Student Telephone

Company / Organization

Supervisor

Supervisor Telephone

List all tasks and/or projects for this week:

Comments, concerns:

HOURS WORKED FOR THE WEEK OF: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	OTHER	TOTAL

Student Signature

Date

Supervisor Signature

Date

Submit form to: Intern Coordinator, Division of Film and Media Arts
PO Box 750113, Dallas, TX 75275-0113 Fax: 214-768-2784