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:**

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>OTHER</th>
<th>TOTAL</th>
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_____________________________________________     _______________________________
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