



INTERN ATTENDANCE FORM-FORM I

Dear Administrator,

This form kept by you, must be signed by the student each working day throughout the internship. Those students who are unable to complete 30 working days in 6 weeks must complete the missing days in the following week and sign on those days.

Name- Surname of Student: **Academic Term of Internship:**.....

Organization of Internship:..... **In-House Supervisor:**

Starting Date of Internship:/...../..... **Ending Date of Internship:**/...../.....

WEEK	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total number of days in a week
1							
2							
3							
4							
5							
6							
Additional							
Total number of days worked							

Approval of the in-house supervisor (advisor at the organization):

I declare that the content of the Attendance Form of the student completing his/ her internship at our organization is correct.

Name- Surname:.....

Signature: