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Office of Experiential Learning  
and Career Services



Wells College

## INTERNSHIP TIME PROGRESS REPORT

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Internship Site: \_\_\_\_\_

<b>Date</b>	<b>Hours</b>	<b>Summary of Activities</b>
<i>(Example)</i> 2/4/2010	3 (# of hours worked)	Helped clients with daily living skills; taught money management class to 10 students. (short description of what was completed during internship experience)
<b><u>Total Hours</u></b> Worked this time period		

*[Draw a line through any empty columns and/or empty rows]*

Site supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return form to the Office of Experiential Learning and Career Services via email to [careers@wells.edu](mailto:careers@wells.edu), by mail to Office of Experiential Learning and Career Services, 170 Main Street, Aurora, NY 13026 or via fax to 315-364-3423 at the completion of your internship experience.*

*Please complete in blue or black ink only.*

*Add additional sheets if necessary.*