

ARIZONA STATE UNIVERSITY
SCHOOL OF ARCHITECTURE AND LANDSCAPE ARCHITECTURE
INTERNSHIP PROGRAM

WORK LOG (To be completed by the student intern and either mailed, faxed or submitted in person to CDN 162.)

(PLEASE PRINT)

Student Name: _____ Student Affiliate ID: _____

Employer/Site: _____

Internship Dates: _____ to _____, 2009

Major (circle one):

Architecture

Landscape Architecture

Name of Project or Type of Work	# of hours worked	Mon	Tue	Wed	Thu	Fri
	First Week					
	Second Week					
	Third Week					
	Fourth Week					
	Fifth Week					

TOTAL HRS _____ (200 min)

Supervisor Signature

Date

Supervisor Name (printed or typed)

Intern Signature

Date