



INTERNSHIP TIMESHEET

Semester: _____

First 8 Weeks

Second 8 Weeks

Student Name: _____

Major: _____

DATES		Monday	Tuesday	Wednesday	Thursday	Friday	Total for Week
Example	In	9:00 a.m.	9:00 a.m.	9:00 a.m.	9:00 a.m.		18
Starting	Feb. 2	Out	2:00 p.m.	1:00 p.m.	12:00 p.m.	1:00 p.m.	
Ending	Feb. 6	Total Hours	7	4	3	4	
Week 1		In					
Starting		Out					
Ending		Total Hours					
Week 2		In					
Starting		Out					
Ending		Total Hours					
Week 3		In					
Starting		Out					
Ending		Total Hours					
Week 4		In					
Starting		Out					
Ending		Total Hours					
Week 5		In					
Starting		Out					
Ending		Total Hours					
Week 6		In					
Starting		Out					
Ending		Total Hours					
Week 7		In					
Starting		Out					
Ending		Total Hours					
Week 8		In					
Starting		Out					
Ending		Total Hours					
						Total Hours	

Student Signature: _____

Approved By: _____

(Signature of Supervisor)

(Date Signed)

RETURN TO: BCT Internship Coordinator, MC251, FAX: (865) 694-6426

NOTE: Other timesheets are acceptable if signed and dated by both the supervisor and the student. Copies of pay stubs may also be submitted in place of timesheets.