Internship Academy
Time Log

(Submit **MONTHLY**)

☐ **AOBF** ☐ **AODM** ☐ **AOLS**

Grad Year_____ School_____

STUDENTS &
ACADEMY TEACHERS

RETURN FORM TO:
East/West Senior Main Office
Academy Mailbox

Name _____ Intern Coordinator: _____

Mentor _____ Internship Location: _____

Date	Time In	Time Out	Hours
			Total for Month:

FOR MENTOR USE ONLY:

I verify that _____ completed _____hours toward the 150 requirements at this site. (All 150 hours do not have to be completed at the same site.)

Mentor Signature: _____Phone # _____
Email _____

STUDENTS: Upon completion, forward to Academy Office