Internship Academy Time Log

STUDENTS &

(Submit MONTHLY)

MEST SENECA ALANDANG OUR FULL POTESTAL	Grad Year School		RETURN FORM TO: East/West Senior Main Offic Academy Mailbox		
Student Name		Internship Location			
Mentor name		Mentor Email			
Date	Time In Time Out			Hours	
	_				
			/ TEN / T	6 37 4	
EOD MENTOD HEE ON	V.		Total	for Month:	
FOR MENTOR USE ONLY					
I verify that at this site. (All 150 ho	urs do not have to	completed be completed at th	hours to the same site.	toward the 150 requirements	
Mentor Signature:		Phor	ne#		

STUDENTS: Upon completion, forward to Academy Office

Email ____