



This form is to be completed by the student intern each week. This form must be submitted to the Internship Coordinator. The form should be completed for tasks completed the week prior.

Student Name

Student Telephone

Company / Organization

Supervisor

Supervisor Telephone

List all tasks and/or projects for this week:

Comments, concerns:

Student Signature

Date

Supervisor Signature

Date

**Submit form to: Intern Coordinator, Division of Film and Media Arts
PO Box 750113, Dallas, TX 75275-0113 Fax: 214-768-2784**