Your name ________________________________

Internship site _____________________________

Site supervisor’s name _______________________

Log for the week from ___/___/___ to ___/___/___

The hours worked each day for the week:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

Cumulative hours worked this semester ________

Description of work activities, experiences, and reactions (use another paper if necessary)

1. What did you do during the week?

2. What did you learn as a result of what you did?

3. Is there anything you need from your faculty supervisor at this point?

Please return this evaluation form to:
Department of Sport Management
Wichita State University
Attn:
1845 Fairmount, Wichita, Kansas 67260-0127
Telephone: (316) 978-5445
Fax: (316) 978-5954