Department of Kinesiology and Sport Studies
Wichita State University
Weekly Log

Your name __________________________________
Internship site _______________________________ Site supervisor’s name ________________
Log for the week from ___/___/___ to ___/___/___

The hours worked each day for the week

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<th>Monday</th>
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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:
Sport Administration Program
Department of Kinesiology and Sport Studies
Wichita State University
1845 Fairmount, Wichita, Kansas 67260-0016
Telephone: (316) 978-3340
Fax: (316) 978-5451