

University of Central Florida

Department of Management Bi-Weekly Report

NOTE: There must be six (6) bi-weekly reports submitted during the semester, with a minimum of 300 total hours completed over the entire internship.

Please refer to the current syllabus for due dates

FAX to internship coordinator at (407) 823-3725

Name: _____

Phone Number: _____ Bi-Weekly Report # _____

Name of Firm: _____

Weekly Time Sheet

Please record the number of hours that you worked each day

	Mon.	Tues.	Wed.	Thurs.	Fri.	Total
Week 1						
Week 2						

Cumulative Total: _____

Educational Reward

Briefly describe your job duties over the last two weeks.

Explain briefly how your job duties are related to your Management coursework at UCF.

Do you have any questions or problems that you would like to discuss with the Internship Coordinator in the Department of Management?

Employer: _____ Yes _____ No

Intern: _____ Yes _____ No

Signature of Intern Supervisor

Date