

UNIVERSITY OF PUERTO RICO  
RIO PIEDRAS CAMPUS  
SCHOOL OF BUSINESS ADMINISTRATION

**INTERSHIP/COOP PROGRAMS  
WEEKLY REPORT OF WORK FINISHED**

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Company or Institution \_\_\_\_\_

Period Covered by this report: \_\_\_\_\_

Office	Number of hours and days worked			
	From	To	Num. of Hours	Days

Summary of Work Finished

Task	Date		Total Days and Hours
	Start	End	

Observations: (Other activities accomplished during the period for this report)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Supervisor Name and Position

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

This report will be prepared by the student and certified by the immediate supervisor.