

UNIVERSITY OF PUERTO RICO
RIO PIEDRAS CAMPUS
SCHOOL OF BUSINESS ADMINISTRATION

**INTERSHIP PROGRAM
WEEKLY REPORT OF WORK FINISHED**

Name _____ Student Number _____

Company or Institution _____

Period Covered by this report: _____

Office	Number of hours and days worked			
	Days	From	To	Num. of Hours
	Monday			
	Tuesday			
	Wednesday			
	Thursday			
	Friday			
	Sunday			

Summary of Work Finished

Task	Date		Total 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.