AUSTIN COMMUNITY COLLEGE
HUMAN SERVICES PROGRAM
Attendance Record

Name of Intern _____ Phone _____

Internship Site _____

& Address: _____ Phone _____

_____

Site Supervisor _____

Semester & **Year** of Enrollment _____

DATE	TIME IN	TIME OUT	TOTAL		DATE	TIME IN	TIME OUT	TOTAL
				TOTAL HOURS FOR SEMESTER:				

Student Signature: _____

Supervisor Signature: _____

Instructor Signature: _____