**Texas Christian University Criminal Justice Internship Bi-Weekly Activity Report**

Student Name: \_ Cumulative

Hours to Date:

Agency: \_

Weeks of: through \_

Month Day Year Month Day Year

Indicate the time worked for the corresponding day (e.g., 2:00pm-5:00pm) and a brief account of activities performed.

**Week One**

|  |  |  |
| --- | --- | --- |
| **Day** | **Hours** | **Activities** |
| **Monday**I |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |
| **Saturday** |  |  |
| **Sunday** |  |  |
| Total Hours |  |  |

Please note any questions or concerns by student or supervisor:

Student Signature Date

Agency/ Organization Supervisor Date

Indicate the time worked for the corresponding day (e.g., 2:00pm -5:00pm) and a brief account of activities performed.

**Week Two**

|  |
| --- |
| **Day Hours Activities** |
| **Monday** |
| **Tuesday** |
| **Wednesday** |
| **Thursday** |
| **Friday** |
| **Saturday** |
| **Sunday** |
| Total Hours |

Please note any questions or concerns by student or supervisor:

Student Signature Date

Agency / Organization Supervisor Date

**Note:** *Make a copy of the report for your records prior to submitting the report to the Internship Director.*

Please return to: Dr. Ronald Burns, Internship Director Department of Criminal Justice

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Texas Christian University Fort Worth, Texas 76129

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