

**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		Week Two	
	Hours	Activities	Hours	Activities
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Total hours worked				

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. Kendra Bowen, Internship Director
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