Internship II Make-Up Hours

*Time must be in 30 minute increments

**Submit to your University Supervisor

| Date | Time In – Time Out | Total Time | Activity | |
|--------------------|--------------------|------------|-------------------|---|
| Example 01-01-2016 | 7:30 – 8:00 | 30 min | Vocabulary Lesson | _ |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL: | |
| | | | | |
| | | | | |
| | | | | |