



# BRIDGEWATER COLLEGE

Bridgewater, Virginia

## Office of Career Services

402 East College Street • Box 35

Bridgewater, VA 22812

PHONE (540) 828-5369 • FAX (540) 828-5693

### INTERNSHIP JOURNAL FORM

*Please type or print clearly (use black ink)*

INTERN WEEK # & DATES \_\_\_\_\_

TOTAL # OF HOURS WORKED FOR WEEK \_\_\_\_\_

#### GENERAL INFORMATION

Name \_\_\_\_\_ Class of \_\_\_\_\_

Internship Site \_\_\_\_\_

Site Supervisor \_\_\_\_\_

Major / Concentration \_\_\_\_\_

Cooperating Professor \_\_\_\_\_

#### JOURNAL DIRECTIONS

Describe your internship activities each day. Include an evaluation of the knowledge or experience gained in relationship to your objectives. If your activities cover more than five days, complete an additional sheet. Please use correct English when composing your reports, as they will become a part of your permanent file. Journal copies are distributed to the cooperating professor. Weekly journals should be submitted to the Office of Career Services on time; journals are due on Monday afternoons (4:00 pm) of the following week. If you are unable to file your journal by the designated deadline, please contact the Director of Career Services / Internships.

#### DAILY ENTRIES

**DAY ONE (Hours: \_\_\_\_\_ )**

**DAY TWO (Hours: \_\_\_\_\_ )**

**DAY THREE (Hours: \_\_\_\_\_ )**

**DAY FOUR (Hours: \_\_\_\_\_ )**

**DAY FIVE (Hours: \_\_\_\_\_ )**

