KANSAS CITY ART INSTITUTE

A four-year college of art and design

# Professional Internship Program

## Activity Log Time Sheet

Student Name________________________________ Major__________________________

Supervisor Name___________________________ Site_____________________________

| DATE | ACTIVITY (Brief Description) | TIME IN | TIME OUT | TOTAL HOURS | Supervisor Initials |
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| | | FINAL | TOTAL: | | |

Supervisor Signature___________________________Date____________

Student Signature______________________________Date____________

****Submit your completed Time Log with your final evaluation****

CAREER SERVICES • 4415 Warwick Blvd • Kansas City MO 64111 • 816.802.3357 tel • 816.802.3480 fax