

Georgia Southwestern State University

College of Nursing and Health Sciences

NURS 4001 Internship Time Sheet

Name: _____ Internship Supervisor: _____

Facility: _____ Faculty Advisor: _____

Day/Date	Start Time	# of Hours	Cumulative Hours	Supervisor's Initial	Student's Initials

One Copy to Faculty Advisor prior to beginning internship.

One completed copy with supervisor initials at end-point of internship as component of Portfolio.