



COOPERATIVE WORK EXPERIENCE / INTERSHIP PROGRAM

TIMESHEETS SUMMARY STATEMENT

(To be completed by the student)

Student Name:		Section #:	
Instructor's name:		Semester & Yr.:	
Supervisor Name:		Company/Worksite:	

To qualify for college credit, this timesheet summary and a completed signed evaluation of your workplace learning agreement must be submitted to the Cooperative Work Experience Education Canvas during finals week of the semester as both are mandated by the State. Final grades cannot be processed without these two documents. Hours reported are by each month. It is acceptable to estimate the last weeks of the semester as you will be returning this document during the final week of the semester.

Month of _____	Total Hours Worked This Month _____
Month of _____	Total Hours Worked This Month _____
Month of _____	Total Hours Worked This Month _____
Month of _____	Total Hours Worked This Month _____
Month of _____	Total Hours Worked This Month _____
Month of _____	Total Hours Worked This Month _____
	Total Hours _____

I hereby certify that the number of hours listed above are correct and that the work assigned has been performed in a satisfactory manner.

Student's Signature _____ Date _____

Job Supervisor's Signature _____ Date _____