University at Buffalo
The State University of New York

Department of Sociology
College of Arts and Sciences

Undergraduate Student Internship Timesheet

Student Name: _____ Student UB ID: _____

Student Email: _____ Month/Year: _____

Internship organization: _____ Supervisor Name: _____

Note: "Time In" and "Time Out" are optional, but please provide accurate daily/monthly totals.

Date	Time In	Time Out	Total Hours
		Total Hours for the Month:	0

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____