

UNT MPA INTERNSHIP ACTIVITY LOG

Student Name : _____ Student ID: _____ Date: _____

Employer: _____ Supervisor Name: _____ Supervisor Ph: _____

Week Of:	Brief Description of Duties	Total Hours	Supervisor Signature

Complete and turn in the Activity Log upon completion of 220 and 440 hours. Send to Janay.Tieken@unt.edu.