



Administrative Internship Collaboration Log

(Please submit at least four completed logs at end of internship)

Name of Intern:

Internship Site:

Site of Collaboration:

Date of Contact:

Person(s) Present:

Comments:

Concerns Discussed:

Recommendations:

Are there any reasons to terminate this internship at this time? No _____ Yes _____

If yes, please identify:

College Supervisor Signature: _____ Date: _____

Intern Signature*: _____ Date: _____

**Intern signature indicates that the Intern has read this report. It does not signify agreement with the contents.*