

# CDI Hours Interned Form

Student's Name (please print): \_\_\_\_\_

Type of Internship: \_\_\_\_\_

Date	Hours	Tasks or Duties Performed

*continued*

## CDI Hours Interned Form *(continued)*

Date	Hours	Tasks or Duties Performed

On-Site Internship Supervisor's Name (please print):

\_\_\_\_\_

On-Site Internship Supervisor's Signature: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Approval** (to be completed by school):

Number of hours completed for internship preparation and reflection: 10 hours

Number of hours interned:  45 hours for 0.5 credit

100 hours for 1.0 credit

**Course Level:** Please select

35G

45G

30G

40G