

MTSU RECORDING INDUSTRY					
AUDIO INTERNSHIP		STUDENT:			
MONTHLY LOG OF DAILY ACTIVITIES		PROVIDER:			
MONTH: _____		FACULTY COORDINATOR:		Michael Hanson	

DATE	START TIME	END TIME	TOTAL TIME	ACTIVITIES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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18				
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTAL HOURS FOR THIS MONTH:			
Return to:			
Michael.Hanson@mtsu.edu		SUPERVISOR NAME (Please Print)	
DATE		SUPERVISOR SIGNATURE	
Rev. 10-23	DATE	STUDENT SIGNATURE	