

MTSU Dept of Recording Industry				
Audio Internship		Student:		
Monthly Log and 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				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
Total Hours for the Month:				
Return to:				
Michael.Hanson@mtsu.edu		Supervisor Name (Please Print)		
		Supervisor Signature		
Date				
Date		Student Signature		