

# SCHOOL OF BUSINESS

STOCKTON UNIVERSITY

## *Bi-Weekly / Weekly Progress Report*

Student Name: \_\_\_\_\_

Faculty Sponsor: \_\_\_\_\_

Employer Organization: \_\_\_\_\_

Date: \_\_\_\_\_

For Period Ending: \_\_\_\_\_

Number of Hours: \_\_\_\_\_

Student Activities: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Employer Comments: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Student Name (*signature*)

\_\_\_\_\_  
Internship Supervisor (*signature*)