

**JEFFERSON COMMUNITY AND TECHNICAL COLLEGES
 INTERNSHIP, CO-OPERATIVE and EXPERIENTIAL EDUCATION PROGRAM
 MONTHLY REPORT**

(To be filled out by student after receiving supervisor's signature on the number of hours)

Student's Name: _____ For the month of _____ 200__

Company Name: _____ Supervisor's Name: _____

Week of	Number of Hours worked	List Briefly Duties Performed
Through		
Through		
Through		
Through		

Supervisor's Signature _____

Monthly
Total Hours _____

Please make a brief statement about what you feel you have learned on your job so far:

Please comment on any problems you are having on the job:

Student's Signature: _____

Date _____

Fax to Fran White at 213-4523