# Ohio State ATI

## Internship Activity Report (To Be Completed by the Student)

CFAES

Report # _____

The Ohio State Agricultural Technical Institute - 1328 Dover Road - Wooster, OH 44691
Phone: 330-287-1331 Fax: 330-287-1333 www.ati.osu.edu

### Student Information

Student Name: Academic Program:

Supervisor: Phone: e-mail:

Reporting Period from to

### Activity Record

| Breakdown of Activities | Approximate Hours | Skills Learned/Used | Proficiency Level (good, average, poor) |
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**Total Hours Worked:** _____

### Absences

Time Absent from Duty: Days Hours

Reason for Absence(s):

### Signatures

Submitted by Intern: Date:

Verified by Supervisor: Date:

***Please make copies of this completed form for your records and your supervisor.***
***The original is to be sent to the internship instructor.***