

**Western Nebraska Community College
Career Assistance and Internship Center**

Internship Weekly Journal

NAME _____ SITE _____

SUNDAY Date: / /	MONDAY Date: / /	TUESDAY Date: / /
WEDNESDAY Date: / /	THURSDAY Date: / /	FRIDAY Date: / /
SATURDAY Date: / /	<p>In the space provided, write in general what you did each day, what you learned and your thoughts and feelings about your experience. Please include suggestions, satisfactions and frustrations.</p>	<p>This form should be returned at the end of every week to: Career Assistance and Internship Center 1601 East 27th Williams Building #127 Scottsbluff, NE 69361</p>

TOTAL HOURS WORKED _____