

Name

Internship Academy Monthly Time Log

Intern Coordinator:

\Box AOBF	\square AODM	\Box AOLS
Grad Year	School	

RETURN FORM TO: ACADEMY OFFICE AT EAST OR WEST SENIOR ATTENTION: MRS. DAY

Academy Office 1445 Center Rd. West Seneca, NY 14224

Mentor		Internship Location:		
Date	Time In	Time Out	Hours	
Butt	Time III	Time out	Tiouis	
			Total for Month:	
FOR MENTOR USE ON	LY:	<u>I</u>	_1	
I verify that completedhours toward the 150 requirements at this site. (All 150 hours do not have to be completed at the same site.)				
Mentor Signature: _	Phone # Email			