



**MTSU RECORDING INDUSTRY INTERNSHIP
MONTHLY LOG OF DAILY ACTIVITIES**

STUDENT: _____

PROVIDER: _____

MONTH: _____ FACULTY COORDINATOR: Hutchison _____

DATE	START TIME	END TIME	TOTAL TIME	ACTIVITIES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTAL HOURS FOR THIS MONTH _____

SUPERVISOR NAME (Please Print)

DATE

SUPERVISOR SIGNATURE

DATE

STUDENT SIGNATURE

Check if this is for one of two internships

FAX 615-527-0274

Check status at www.rim4000.com
If you fail to total your hours, they will not count

Rev. 11-09