

# LINCOLN UNIVERSITY

## Externship Course Attendance

Student Name: \_\_\_\_\_

Course: \_\_\_\_\_

First Week							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hours							
Comments							

Second Week							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hours							
Comments							

Third Week							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hours							
Comments							

Fourth Week							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hours							
Comments							

Fifth Week							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hours							
Comments							

Sixth Week							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hours							
Comments							

Seventh Week							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Hours							
Comments							

Total Hours: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Work Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_