



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

# Graduation Experience Time Log

Internship Coordinator - Mr. Jared Erb (717) 314-4269

**Travel Experience:**

Where did you go? \_\_\_\_\_

How long did you stay? \_\_\_\_\_

Mentor or Supervisor Signature \_\_\_\_\_

**Volunteering or Community Service:**

Where did you volunteer? \_\_\_\_\_

**Career Shadowing:**

Who did you shadow? \_\_\_\_\_

**Creative Project:**

What did you create or do? \_\_\_\_\_

Please use table to log your hours.

Date	Hours	Supervisor Signature

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

Please hand in the form with verification and presentation option forms at the conclusion of your experience.