Agricultural & Extension Education 489
Internship in Agricultural Occupations

Monthly Activity Report

Date: _____

Name: _____

Position Title: _____

Name of Employer: _____

Name of Supervisor: _____

Month of Report:

❒	January	❒	May	❒	September
❒	February	❒	June	❒	October
❒	March	❒	July	❒	November
❒	April	❒	August	❒	December

Date:	Hours	Summary of Work Performed

Date:	Hours:	Summary of Work Performed

Add Additional Pages if Needed

Please provide any written comments that you would like Dr. Connors, and/or your academic advisor to know concerning your internship.

Student Signature

Date

Mail by at the end of each month to:

Dr. Jim Connors
Department of Human and Community Resource Development
216 Agricultural Administration Building
2120 Fyffe Rd.
Columbus, OH 43210-1067