Curricular Internship Attendance Record

Intern:
Receiving Institution:
Supervisor:

Internship to be carried out from ___ / ___ / _____ to ___ / ___ / _____

Note: Enter the month on the first line.
X=Attendance; F=Absence

Day	Morning	Afternoon	Day	Morning	Afternoon	Day	Morning	Afternoon	Day	Morning	Afternoon	Day	Morning	Afternoon	Day	Morning	Afternoon

Date: ___ / ___ / _____; The Supervisor _____; The Institution: _____

(Signature and Stamp)

Verified.

The Advisor: _____

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