

Castle View High School  
 Senior Internship Program  
 Cumulative Hours Summary

Due: \_\_\_\_\_

<b>Dates</b> <i>(Month, Day, Year)</i>	<b>Total Hours</b>
through	
through	
through	
through	
through	
through	
through	
through	
through	
through	
through	
<b>Total Hours This Term</b>	

Intern's Name: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Internship Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_