

Department of Sport Management  
Wichita State University  
Weekly Report

Your name \_\_\_\_\_

Internship site \_\_\_\_\_

Site supervisor's name \_\_\_\_\_

Log for the week from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

The hours worked each day for the week:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Cumulative hours worked this semester \_\_\_\_\_

Description of work activities, experiences, and reactions (use another paper if necessary)

1. What did you do during the week?

2. What did you learn as a result of what you did?

3. Is there anything you need from your faculty supervisor at this point?

**Please return this evaluation form to:**  
**Department of Sport Management**  
**Wichita State University**  
**Attn:**  
**1845 Fairmount, Wichita, Kansas 67260-0127**  
**Telephone: (316) 978-5445**  
**Fax: (316) 978-5954**