**HNRS 4100 EC Scholars Leadership Internship**

**Internship Hours: Final Tally Sheet**

Student’s Name: ________________________________

Agency/Business Placement: ________________________________

<table>
<thead>
<tr>
<th>Week #</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ex. Week 1: 5/18-5/24</td>
<td>32 hours</td>
</tr>
</tbody>
</table>

Total Hours Documented: ____________

By my signature below, I certify that the student named above completed ________ hours of work during the period between the dates of _________ and _________.

Supervisor’s Signature: ________________________________ Date: _______

*Important: All internship hours MUST be documented along with supervisor’s signature BEFORE the student can receive academic credit. Please also submit official agency time sheets if available.*

Please submit all time documentation forms to:

**Dr. Liz Fogarty**  
**Honors College Faculty Fellow**  
**101 Mamie Jenkins**  
**East Carolina University**  
**Greenville, NC 27858**  
**E-mail: fogartye@ecu.edu**

Phone: 252-328-4945  
FAX: 252-328-0474

Internship Coordinator’s use only
Approved: ________________  
Date: ________________