

Duquesne University

Internship Progress Report

INSTRUCTIONS: This document **must** be completed and signed **EVERY TWO WEEKS** by you, then **reviewed and signed by your supervisor** at your internship/practicum location. **This document should then be delivered to the Media office located at 544 College Hall, Duquesne University.** Please make sure you review your internship schedule so that this form and your timesheets are submitted when due.

Start Date: _____ End Date _____ Today's Date: _____

STUDENT NAME: _____

Introduction:

Title of Project/Internship _____

Supervisor Name: _____

Briefly describe your accomplishments and tasks over the past two weeks.

Compare these accomplishments and tasks with your projected goals from the prior two week period (refer to previous bi-weekly progress report...not applicable for first two-week period).

Please list your objectives/goals to be accomplished over the next two week period.

Intern Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____