

## Alternate Chapel Petition Internship Schedule Form

**To be completed by the student**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

Internship Organization: \_\_\_\_\_

Role/Title: \_\_\_\_\_ # of Hours Interned Each Week: \_\_\_\_\_

I have a set weekly schedule for my internship     My schedule varies depending on scheduling

Below I have included my:  Set intern schedule     Available hours my internship can schedule me

Day of the week	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Hours Worked/ Available							

**To be completed by the supervisor**

Supervisor Name: \_\_\_\_\_ Supervisor Position: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

I attest that the above hours and internship schedule/availability provided by the student are an accurate representation of their weekly work responsibilities as on file with our organization.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Campus Ministries**

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