

Chapel Petition Internship Schedule Form

NOTE: This form alone is NOT a Chapel Petition. This form must be uploaded to page 3 of the online Chapel Petition. Paper forms turned in to the Student Life Office without the online portion completed will not be accepted or approved.

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

William Jessup University

campusministries@jessup.edu

(916) 577-2317