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: __________