

**Total Hours:** 

Student Signature:

Student Name:

Program:

## **Stellar Career College**

Address: 205 W. Randolph St. Suite 200 Chicago, IL 60606. Tel: (312) 687-3000. Email: externship@stellarcollege.edu

## **Externship Timesheet**

-	Clinical site:						1
-	Clinical site Supervisor Name:						1
-	Clinical site Email:				Clinical site phone number:		1
<ul> <li>Each timesheet serves one calendar week</li> <li>Timesheets must be signed by Clinical Supervisor &amp; Student</li> <li>Timesheets must be submitted on LMS every week before Monday</li> <li>For questions email: externship@stellarcollege.edu</li> </ul>							
Date	Date (mm/dd/yr)	Time In	Time Out		General Duties performed	,	Supervisor initials/ signature
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							