

APPENDIX 3



WEEKLY PROGRESS REPORT

GEORGE MASON UNIVERSITY
School of Recreation, Health, and Tourism
10900 University Blvd., MS 4E5
Manassas, VA 20110-2203

Name of Intern: _____

Name of Agency: _____

University Supervisor: _____

Report #: 1 Period Covered: From: ____ / ____ /2004 to ____ / ____ /2004

Cumulative number of hours worked by intern: _____

Instructions:

The weekly report is to be completed and signed by the Intern each week, discussed with the Agency Supervisor, and then returned to the University Supervisor for review by fax (703) 993-2025 no later than the following Tuesday. **The expectation is that each of the following five items must be at least fifty words in length and typed in paragraph format.**

1. Describe your principle assignments and responsibilities during the week.

APPENDIX 3

WEEKLY PROGRESS REPORT (con'd)

5. Principal tasks and duties to be performed and accomplishments to be realized for the coming week ____/____/2004 to ____/____/2004.

6. Other comments.

SIGNATURES

_____/_____/2004
Month/Day

Intern - signature

_____/_____/2004
Month/Day

Agency Supervisor - signature

Please return to the University Supervisor upon completion. Thank you.

_____/_____/2004
Date Reviewed

University Supervisor - signature