

Boston University College of Communication

640 Commonwealth Avenue
Boston, Massachusetts 02215
T 617-353-3484 F 617-353-1086



William McKeen
Professor and Chairman
Department of Journalism

WEEKLY REPORT – WEEK NUMBER _____

Name _____

Site of Internship _____

Hours worked this week _____

THIS WEEK

Two or three sentences about what you did on the internship in the past week..

Signature and Date _____