STUDENT WORK REPORT

Fall, Spring, Summer, 20 __  Work Term No. ________  Curriculum __________________________
(Circle Term Worked)

Projected Graduation Date ________________________________

NAME ___________________________________________ DATE __________________________
(First) (Last) (Month) (Day) (Year) (M.I)

EMPLOYER ________________________________________ LOCATION __________________________
(City) (State)

DIV. OR DEPT. ______________________ SUPERVISOR ______________________

REPORT MUST BE TYPED OR NEATLY PRINTED

Describe briefly the general nature of your work and mention any specific duties or responsibilities assigned to you, and any values you gained through this experience, and any suggestions for improving the assignment.

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