**INTERNSHIP MONTHLY REPORT**

**Name of the Intern (in BLOCK):**

**Position (*select any one*):** Department Intern / Graphic Designer Intern / Handbook Intern

**I/C Coordinator’s Name:**

**Date / Duration of the Report:**

**To be filled by the Intern:**

|  |
| --- |
| **TASK COMPLETED** |
| 🡺 |
| **TASK IN PROGRESS** |
| 🡺 |
| **UPCOMING TASK** |
| 🡺 |
| **SELF – ASSESSMENT & COMMENTS (*if any*)** |
| 🡺 |
| **MAJOR DUTIES PERFORMED (*if any*)** |
| 🡺 |

Intern’s Signature

**To be forwarded by the coordinator of the Intern:**

**Additional Comment** (*if* any):

I hereby confirm and verify the above-mentioned task and its status.

Signature

(Name)

Designation