



Appendix D: Internship Activity Log

Candidate Name _____

Report Dates: from _____ to _____

Principal Mentor Name _____

GCU Faculty Supervisor Name _____

Activity	Number of Hours	Professional Standards Satisfied

The data entered into the Activity Log may be audited for accuracy by a College of Education Representative. Falsifying information is a form of Academic Dishonesty and is a violation of GCU's Code of Conduct Policy.

Total Internship Hours Served: _____

Principal Mentor's Signature: _____

GCU Faculty Supervisor's Signature: _____

Date Received: _____

Please submit this completed form to your TaskStream account in conjunction with the required assignment.