



## 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.**