

Internship Program

**School of Food Science - University of Idaho
Weekly Reports**

Student's Name _____ Employer's Name _____

Time Period _____ to _____

Brief outline of weekly activities:

Briefly summarize new knowledge and experience gained during the week:

Problems, concerns, or suggestions:

Student signature _____

Supervisor signature _____

Date _____

*Send reports weekly to:
Dr. Kerry Huber
Dept. Food Science and Toxicology
Box 442312
University of Idaho
Moscow, ID 8384-2312
Email: huberk@uidaho.edu*