

**ARBA MINCH UNIVERSITY**  
**INSTITUTE OF TECHNOLOGY**

**Internship and Externship Coordination Office**

**Daily Activities Form**

Use this form for describing the daily activities. [16 copies]

(To be filled by the student and checked by the immediate company supervisor)

Name of the Student: \_\_\_\_\_ Company: \_\_\_\_\_

Week Number: \_\_\_\_\_ Date: \_\_\_\_\_ to \_\_\_\_\_

<b>Week Day</b>	<b>Activities</b>
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Company supervisor Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_