

**St. Cloud Area Chamber of Commerce
Student Summer Internship Program
Daily Internship Journal**

Name: _____ Date: _____

Interning Organization: _____

Date: _____ Time of Arrival: _____ Time of Departure: _____

Assignments/Responsibilities:

Accomplishments:

Progress toward job goals/learning objectives:

Problems/Suggestions for improvement:

Please complete one journal page for each day that you intern. Thank you!

Please return to: Kelti Lorence, St. Cloud Chamber of Commerce, P.O. Box 487, St. Cloud, MN 56302-0487, klorence@StCloudAreaChamber.com, or fax to (320) 251-0081. Journals must be completed for each internship session to be considered for a completed internship.