



**YO SAN UNIVERSITY CLINIC  
CLINICAL EXTERNSHIP LOG SHEET**

Intern Name: \_\_\_\_\_ Trimester: \_\_\_\_\_

Externship Site: \_\_\_\_\_

Name of Supervising Faculty: \_\_\_\_\_

Date	Time In	Time Out	Supervisor Signature	Note

*For Administrative Use only*

Total Hours logged: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Data Entered by: \_\_\_\_\_ Date: \_\_\_\_\_