



# HIP INTERN WEEKLY ACTIVITY REPORT

HIP PROJECT NO.: HIP-16-	
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Intern Name:		Phone:	
Email:			
Mentor Name:		Phone:	
Email:			

WEEKLY PERIOD			
From:		To:	

**WORK ACCOMPLISHED** (BRIEFLY DESCRIBE YOUR CONTRIBUTIONS THIS WEEK TO YOUR PROJECT)

**PROBLEMS, ISSUES, CHALLENGES** (BRIEFLY DESCRIBE)

## **PLANNED WORK FOR THE COMING WEEK**

**PROFESSIONAL NETWORKING** (BRIEFLY DESCRIBE YOUR EFFORTS TO NETWORK AT YOUR HOST INSTITUTION)

**OTHER**