



HIP INTERN WEEKLY ACTIVITY REPORT

		HIP Project No:		
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