

**Albion College**  
**GERALD R. FORD INSTITUTE FOR PUBLIC POLICY AND SERVICE**

**Time Card for Internship**

**Name:** \_\_\_\_\_

**Internship Title and Location:** \_\_\_\_\_

DATE	IN	OUT	Total Hours

**PLEASE RETURN THIS TIMECARD TO:** Ford Institute, Albion College,  
 611 E. Porter St, Albion, MI 49224 or FAX to 517-629-0920.