Internship Editing Log

Intern’s Name:

Date: Hours Worked:

Name of Series/Show:

Name or Number of Episode:

Show Length (mins): Total Clips Length Target (x 20):

|  |  |  |
| --- | --- | --- |
|  Clip Number | Brief Description of Clip | Length of Clip (in minutes) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |