

Internship Plan Proposal

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Competency	Activities	Semester	# of clock hours	Credit hours	Supervisor/Mentor

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Major Professor: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Director: \_\_\_\_\_ Date: \_\_\_\_\_