

**APPENDIX A**  
**PLAN FOR INTERNSHIP**

Student's Name: \_\_\_\_\_

SID/UIN#: \_\_\_\_\_

Faculty Supervisor (MAB Program Director): \_\_\_\_\_ Dr. Victoria Salin \_\_\_\_\_

Name of Internship Institution: \_\_\_\_\_

Date and Duration of Internship: \_\_\_\_\_

Internship Position Title: \_\_\_\_\_

Internship Goals and Objectives:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Credit Hours to Receive: \_\_\_\_\_

I agree to prepare a detailed, typewritten, final report explaining my internship activities and to include any suggestions for improvement of the program. The report is to be submitted to the faculty supervisor. I will submit the report by \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student's Signature** **Date**

I have reviewed this Plan for Internship and find it consistent with the student's educational objectives.

\_\_\_\_\_  
**Faculty Supervisor** **Date**

The cooperating agency agrees to provide the student an opportunity to obtain actual experience in the areas outlined above and also agrees to evaluate the efforts of the student and forward an evaluation to the faculty supervisor on termination of employment.

The student's immediate agency supervisor will be:

\_\_\_\_\_  
**Name** **Title**

\_\_\_\_\_  
**Street Address** **City** **State** **Zip Code**

\_\_\_\_\_  
**Business Phone Number** **Email Address**