Overview
Completion of this Internship Plan is done primarily by the Masters student in cooperation with the university instructor. The purpose of this plan is to provide a blueprint for learning activities and participation in this professional internship. Each section will help guide the activities that are anticipated for this professional learning experience. This plan is to be completed and approved prior to participating in the internship.

Internship Placement
Name of Cooperating Department _______________________________________________________

Name of Mentor/Professional Colleague ___________________________________________________

Internship Name or Title ______________________________________________________________

Statement of Purpose
Please describe the purpose of your internship, what you hope to accomplish, and its relationship to course work, research, and/or your own experience and professional growth.

Goals
Please list the primary goals for your internship.
**Description of Activities**
Please describe the work plan and major activities for your internship, including how your mentor/professional colleague will work with you.

**Evaluation**
Please describe what criteria will be used to determine whether or not your internship goals were achieved.

Student Signature ___________________________ Date ________________
Mentor Signature ___________________________ Date ________________
Instructor Signature _________________________ Date ________________