

Administrative Internship Plan

Intern Name _____

Supervisor Name _____

University Program _____

Intern Hours Required _____

Anticipated Completion Date _____

Indicate specific weekly times the intern and supervisor will formally meet:

Indicate specific daily/weekly times the intern will work on activities and projects:

Describe how the supervisor will support the intern to accomplish the required internship activities and hours:

Provide a preliminary list of activities and responsibilities that the intern will be participating in and leading during the internship:

Intern Signature

Date

Supervisor Signature

Date