



FORM C: INTERNSHIP PLAN

To be completed by the UH Point of Contact or Primary Supervisor, whomever is applicable.



Name of Main Program Supervisor		Title	Email	Phone
List name(s) of student intern(s) for which this information will be used.				
Phase Site Name		Internship Field of Study		Phase Site Address
Phase Name	Start Date (mm-dd-yyyy) of Phase	End Date (mm-dd-yyyy) of Phase	Phase Number _____ of _____	
Description of Intern's role for this program or phase (limit 3000 characters)				
Specific goals and objectives for this program or phase (limit 3000 characters)				
Please list the names and titles of those who will provide continuous (for example, daily) supervision of the Intern, including the primary supervisor. What are these person's qualifications to teach the planned learning? (limit 3000 characters)				
What plans are in place for the Intern to participate in cultural activities while in the United States? (limit 3000 characters)				
What specific knowledge, skills, or techniques will be learned? (limit 3000 characters)				
How specifically will these knowledge, skills, or techniques be taught? Include specific tasks and activities and/or methodology of training and chronology/syllabus. (limit 3000 characters)				
How will the Intern's acquisition of new skills and competencies be measured? (limit 3000 characters)				
Additional Phase Remarks (optional, limit 3000 characters)				

NOTE: Use a copy of this form for each phase of the plan, if more than one.