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| *(Grantor Company Logo)* |
| INDIVIDUAL INTERNSHIP PLAN |

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| **Student’s Name** | **Course** | **Semester** | **Year** |
|  |  |  |  |
| **Company – Grantor of Internship** | Address/Phone | **Name of Internship Supervisor** |
|  |  |  |
| **Area in which the internship will be developed** | **Period of internship** |
|  | \_\_ /\_\_ /\_\_ a \_\_ /\_\_ /\_\_ |
|  |
| **GOALS AND ACTIVITIES TO BE DEVELOPED** |
|  |
| **Complementary Information** |
|  |
| Date: / / | Date: / / |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Students Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Internship Supervisor (above) andName (below, with institutional stamp)  |