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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 \_\_ /\_\_ /\_\_ | |
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| **GOALS AND ACTIVITIES TO BE DEVELOPED** | | | | |
|  | | | | |
| **Complementary Information** | | | | |
|  | | | | |
| Date: / / | | Date: / / | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Students Signature | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Internship Supervisor (above) andName (below, with institutional stamp) | | |