# APPENDIX G: INTERNSHIP PLAN APPROVAL FORM

Intern: Date:

University Supervisor (please print)

I have read the internship plan for the intern named above
and (check one):

 🞎 I approve the plan unconditionally

 🞎 I approve the plan conditionally (see requirements on reverse or attached)

 🞎 I do not approve the plan

 University Supervisor:

 (signature)

Site Supervisor (please print):

I have read the internship plan for the intern named above
and (check one):

 🞎 I approve the plan unconditionally

 🞎 I approve the plan conditionally (see requirements on reverse or attached)

 🞎 I do not approve the plan

 Site Supervisor:

 (signature)

 Intern:

 (signature)