

	Current Semester:
Student Name:	
Semester of Admission into the Program:	
Principal Advisor's Name:	
Meetings with Principal Advisor Dates: First Semester Date:	
Second Semester Date:	
Third Semester Date:	
Fourth Semester Date:	
Other Semesters Dates:	
PSM 602 Date: Internship Work Status:	
Identification of Internship Site and Supervisor Date:	
Internship Learning Agreement Completion Date:	
Internship Start Date:	
Completion of Internship Hours Date:	
Submission of Research Paper and Self Evaluation to Principal Advisor/Program Coordinator Date:	
Internship Location and Site Supervisor:	
Program Coordinator Evaluation of Internship (with Sit ☐ Satisfactory ☐ Unsatisfactory	e Supervisor input):