



MONTHLY PLAN INTERNSHIP PROGRAMME

NAME: _____ TERM: _____

MONTH OF: _____

INSTRUCTIONS:

Please complete this sheet; it should be used in planning your internship activities for the month.

Academic Goal:

Personal Goal:

Practical Goal:

Spiritual Goal:



MONTHLY PLAN

INTERNSHIP PROGRAMME

(Please turn in these sheets each month to the Vice President, Student Affairs or designated individual)