



**Department of Counselor Education  
Internship in Agency Program Administration  
Prospectus**

<b>Student's Name:</b>	<b>UFID:</b>
<b>Instructions:</b> In the space provided, <u>type</u> a detailed plan of activities. Specify the total amount of time you plan to allocate to each activity over the course of the semester. <b>Due:</b> End of 2 <sup>nd</sup> week of classes of term in which student is registered.	
<b>Term and Year:</b>	<b>Number of Credits:</b>
<b>Student's Signature:</b>	<b>Date:</b>
<b>Doctoral Advisor/Supervisor's Signature:</b>	<b>Date:</b>