|  |  |
| --- | --- |
| **Student’s Name:** | **UFID:** |
| **Instructions:**In the space provided, type a detailed plan of activities. Specify the total amount of time you plan to allocate to each activity over the course of the semester. **Due**: End of 2nd week of classes of term in which student is registered. |
|  |
| **Term and Year:** |  |
| **Student’s Signature:** | **Date:** |
| **Supervisor’s Signature:** | **Date:** |

 **Counselor Education**

**Internship in Counselor Education Prospectus**