

Master of Science in Arts Administration Student Internship Plan

Boston University Metropolitan College

First Name:		Last Name	:	
Internship Site:				
Site Address:				
Site Phone Number: _		Site Super	Site Supervisor's Name:	
Internship Dates				
Start:		End: _	End:	
Weekly Schedule				
Mon:	Tues:	Wed:	Thurs:	
Fri:	Sat:	Sun:		
Brief Project Descri In a few paragraphs de identified in your Self-	escribe your specific	goals for the internship—be spelow or attach).	sure to address the issues	
Site Supervisor Signati	ure:			Date:
				Date: