Please complete and return this form within two weeks of the start of your internship. Please submit to Sloan Administrative Assistant, Mary Hoffbeck, mh679@cornell.edu Sloan Program in Health Administration, 3301E MVR Hall, Cornell University, Ithaca NY, 14853.

Student__________________________Preceptor____________________________

1. Name of the Organization (Where you have secured your practicum experience for the summer):

2. Organizational Goals and Objectives (During your internship – Based on discussions with your preceptor, give detailed description of anticipated projects etc.)

3. Personal Goals and Objectives (As a student, what professional skills do you intend to gain from your internship experience?)
4. **Plan Outline** (Provide detail of what you intend to accomplish during your internship experience - use additional pages if needed):

_____________________________________________________________________

Student Intern Signature*  
Title  
Date

_____________________________________________________________________

Preceptor Signature*  
Title  
Date

*For electronically submitted forms, signatures may be printed electronic signatures.