

CPT PROJECT PLAN

Project Title:

Student:

Internship Company:

Semester for Internship:

Number of Credits:

Faculty Advisor:

Project Plan:

Milestones/Deliverables	Due Date	Actual Date

Student's Signature: _____

Date: _____

Industry Supervisor: (Please Print Name) _____

Industry Supervisor: (Signature) _____

Faculty Advisor: (Signature) _____