

Student Name: _____

Company Name: _____

Supervisor Name: _____

Program Name: _____

Clinical Research / Regulatory Affairs Program

Internship Objectives

FORM ONE: PLEASE COMPLETE WITHIN TWO DAYS OF STARTING INTERNSHIP

Learning/Performance Objectives:

The objectives must be in accordance with the strategic direction of the department. Please specify 6 to 8 objectives the student should achieve during the internship.

Objectives	Timelines
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Supervisor Signature: _____

Student Signature: _____

Date: _____

Please email the completed form to the respective program

Clinical Research: CLRE.internships@humber.ca
 Regulatory Affairs: REGA.internships@humber.ca