

GEOGRAPHY G460
INTERNSHIP IN GEOGRAPHICAL ANALYSIS

STUDENT NAME: Last _____ First _____

ID #: _____

SEMESTER/YEAR: _____

FACULTY SPONSOR: _____

SPONSOR SIGNATURE

CREDITS: _____

STUDENT SIGNATURE

INTERNSHIP INFORMATION (*ORGANIZATION/AGENCY, LOCATION, CONTACT INFORMATION, SUPERVISOR, PERIOD OF INTERSHIP, ETC.*) :

WHAT ARE THE DUTIES AND RESPONSIBILITIES OF THE INTERNSHIP AND THE NUMBER OF WEEKLY HOURS SPENT ON VARIOUS INTERNSHIP ACTIVITIES?

**PLEASE RETURN THIS FORM TO SUSAN WHITE IN STUDENT BUILDING 120
PRIOR TO RECEIVING REGISTRATION PERMISSION.**