

GEOG-X 473
INTERNSHIP IN GEOGRAPHICAL ANALYSIS

SEMESTER/YEAR: _____

STUDENT: _____ _____
STUDENT SIGNATURE

ID #: _____

INSTRUCTOR: _____ _____
INSTRUCTOR SIGNATURE

CREDITS: _____

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

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

<p>PLEASE RETURN THIS FORM TO SHALOM DRUMMOND IN STUDENT BUILDING 120 PRIOR TO RECEIVING REGISTRATION PERMISSION.</p>
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