GEOGRAPHY INTERNSHIP (GEO399) PROGRAM OF STUDY
(To be completed by student and supervisors)

Student Name: ____________________________  Student ID: ________________

Student Email: ____________________________  Phone: ____________________

Student’s College and Major: ________________________________

Faculty/Staff Supervisor: ____________________________

Professional Supervisor: __________________________  Agency: ________________

Address: ________________________________________________

______________________________________________________

Phone: __________________________  Email: ____________________________

Descriptive Title of Internship Position:

Summarize below: (1) the primary responsibilities of the position; (2) learning goals and/or expected learning outcomes of the experience; (3) means of evaluating student progress and learning. Include work hours/schedule, student/supervisor meeting dates, deadlines and expected final products, as necessary.

________________________________________________________________________

Student Signature  Date  Supervisor Signature  Date

________________________________________________________________________

DUS, Geography  Date