G&ES INTERNSHIP RECORD FORM

Please complete (1) this Record Form, which you may complete yourself, (2) the work plan, with your advisor and internship supervisor, and (3) the Independent Study Form with your advisor. Submit all three to the department chair one month prior to the beginning of the term you intend to enroll.

COURSE:   ___G&ES 383 (3 cr)   ___G&ES 386 (6 cr)   ___G&ES 395- GIS (3 cr)

ENROLLMENT TERM AND YEAR ________________________________

EXPECTED COMPLETION TERM AND YEAR ________________________________

STUDENT CONTACT INFORMATION

Student Name _____________________________ Student ID ____________________

Mailing Address: ________________________________

Phone Number: _________________________ Alt. Phone: __________________________

Email Address: ______________________________

INTERNSHIP AGENCY CONTACT INFORMATION

Name of Internship Agency ________________________________

Name of Agency Supervisor ________________________________

Title of Agency Supervisor ________________________________

Mailing Address: ________________________________

Agency Phone Number: ________________________________

Supervisor Phone: ________________________________

Supervisor email: ________________________________

FACULTY ADVISOR FOR INTERNSHIP

(usually this is the student’s Academic Program Advisor)

Name of Faculty Internship Advisor ________________________________

TODAY’S DATE __________