

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 _____