



Graduate Internship/Co-op Experience

Geology 6900

Semester: _____ Year: _____ Credits: _____

Student Name: _____ A#: _____

Supervising Faculty: _____

Description of Proposed Study:

Method of Evaluation:

SIGNATURES

Student _____ Date _____

Supervising Faculty _____ Date _____

Dept. Coordinator _____ Date _____

Note: This agreement must be signed before the end of the second week of the semester in which the study is to take place and submitted to the Geosciences Office. Copies of this signed agreement should be retained by the supervising faculty member and the student.