THIS IS NOT A REGISTRATION FORM -YOU MUST REGISTER FOR THIS COURSE

GEOGRAPHY 490 - Internship Department of Geography University of Tennessee at Knoxville

Name:						
Name	(Last)	(First)	(MI)		ID#	
Local Address	:					
Class:						
	(Jr., Sr.)	Advisor	(GPA/Overall	GPA/Major	
INTERNSHIP	INFORMATION	(Please print legibly)				
Internship Job	Title:					
Starting Date:			Completion Date:			
Intern Employ	ver:					
		(Company	Name)			
Employer Add	lress:	(Street)	(City)		(State) (Zip)	
Supervisor:						
Employer Pho	ne:		Hourly	Rate: \$	_	
Credits to be	earned:	. Hours to wor	k per week:			
Term:	Year	Fall	Spring	Summe	r Winte	
Note: Attach	a detailed descrip	tion of the internship jo	ob (e.g., tasks, qu	antity of work,	etc.) to this form	
ТО ВЕ СОМР	PLETED BY APPR	OVING DEPARTMENT	г			
Course #	se # Section#		Hours of credits		Grade: S/NC	
Faculty Instructor			Date			
Department C	Chairperson/interr	nship director	Date			
Intern Supervisor				Date		

Student: This form must be returned to the Department for duplication, distribution and permission to register.