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

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 Employer:  _________________________________________________________________
(Company Name)

Employer Address: _________________________________________________________________
(Street)                                  (City)                             (State)        (Zip)

Supervisor:  _________________________________________________________________

Employer Phone: _____________________                        Hourly Rate:  $________

Credits to be earned: ______                 Hours to work per week:  ____________

Term:       _________ Year   ____ Fall ____ Spring ____ Summer ____ Winter

Note: Attach a detailed description of the internship job (e.g., tasks, quantity of work, etc.) to this form

TO BE COMPLETED BY APPROVING DEPARTMENT
Course # _____________ Section# __________ Hours of credits ____________ Grade: S/NC

_____________________________________  __________________________________
Faculty Instructor                   Date

_____________________________________  __________________________________
Department Chairperson/internship director                  Date

_____________________________________  __________________________________
Intern Supervisor                   Date

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