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

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.