

**GEOG-X 473**  
**INTERNSHIP IN GEOGRAPHICAL ANALYSIS**

SEMESTER/YEAR: \_\_\_\_\_

STUDENT: \_\_\_\_\_ \_\_\_\_\_  
*STUDENT SIGNATURE*

ID #: \_\_\_\_\_

INSTRUCTOR: \_\_\_\_\_ \_\_\_\_\_  
*INSTRUCTOR SIGNATURE*

CREDITS: \_\_\_\_\_

INTERNSHIP INFORMATION (*ORGANIZATION/AGENCY, LOCATION, CONTACT INFORMATION, SUPERVISOR, PERIOD OF INTERNSHIP, ETC*):

WHAT ARE THE DUTIES AND RESPONSIBILITIES OF THE INTERNSHIP AND THE NUMBER OF WEEKLY HOURS SPENT ON VARIOUS INTERNSHIP ACTIVITIES?

<p><b>PLEASE RETURN THIS FORM TO SHALOM DRUMMOND IN STUDENT BUILDING 120 PRIOR TO RECEIVING REGISTRATION PERMISSION.</b></p>
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