



Utah State University
Department of Geology

Geology 6900: Graduate Internship/Co-op Experience

Semester: Fa Sp Su Year _____

Credits: 1 2 3 4 5 6

Student Name: _____ ID# _____

Supervising Faculty: _____

Description of Proposed Study:

Method of Evaluation:

Student signature Date

Faculty signature Date

Dept. coordinator signature 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 Geology office. Copies of this signed agreement should be retained by the supervising faculty member and the student.