Utah State University
Department of Geology

Geology 4250: Advanced Internship/Co-op

Semester:  Fa  Sp  Su  Year _________  Credits:  1  2  3  4

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.