



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.