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.