



Geospatial Sciences & Community Planning Internship and Experiential Learning Form

PLEASE TYPE

Student's Name _____
(Last Name) *(First Name)* *(MI)*

Student ID Number _____
1231231

Student's Classification: Sophomore Jr. Sr. Graduate

Semester _____ Year _____

Student's Major Department: _____

Course: _____
GSP 408, 497, 485
608, 685, 697 Work Experience Description

of Credit Hours

Faculty Director of Study

Course in Major Minor Other

Emphasis _____

Please attach a detailed description of the project. Include the approximate number of hours of work, whether a log will be kept, student-faculty procedures employed, as well as the content and requirements of the course. (Refer to Experiential Learning Guidelines handout for Undergraduates)

Student's Signature

Approved by:

Faculty Director of Study

Date

Student's Faculty Advisor

Date

Department Chair

Date