

Semester/Year: \_\_\_\_\_

*Department of Geography  
817 Patterson Office Tower  
University of Kentucky  
Lexington, KY 40506-0027*

***GEOGRAPHY INTERNSHIP (GEO399) PROGRAM OF STUDY***

(To be completed by student and supervisors)

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student's College and Major: \_\_\_\_\_

Faculty/Staff Supervisor: \_\_\_\_\_

Professional Supervisor: \_\_\_\_\_ Agency: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Descriptive Title of Internship Position:

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*Summarize below: (1) the primary responsibilities of the position; (2) learning goals and/or expected learning outcomes of the experience; (3) means of evaluating student progress and learning. Include work hours/schedule, student/supervisor meeting dates, deadlines and expected final products, as necessary.*

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Supervisor Signature                      Date

\_\_\_\_\_  
DUS, Geography                      Date