

**GLY 491/492: SENIOR CAPSTONE**

**APPLICATION FOR INTERNSHIP APPROVAL**

NAME

\_\_\_\_\_

901 #

\_\_\_\_\_

NAME OF COMPANY / SPONSORING ORGANIZATION

\_\_\_\_\_

NAME OF SUPERVISOR

\_\_\_\_\_

SUPERVISOR'S CONTACT INFORMATION

\_\_\_\_\_

COORDINATING FACULTY MEMBER

\_\_\_\_\_

BEGINNING DATE

\_\_\_\_\_

ENDING DATE

\_\_\_\_\_

APPROXIMATE HOURS

PER WEEK

\_\_\_\_\_

TOTAL

\_\_\_\_\_

PAID OR UNPAID (CIRCLE ONE)

DESCRIPTION OF DUTIES

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GEOLOGIC COMPONENT

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RELATED CLASSES

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SIGNATURES

STUDENT

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SUPERVISOR

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FACULTY

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