

**GEO 5900 GEOSCIENCE INTERNSHIP
CONTACT DATA**

Date: _____

Student Name: _____

"U" ID or SS#: _____

Mailing Address: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Major: _____ Grad. Date: _____

Sponsor: _____

Sponsor's Address: _____

Supervisor's Name/Title: _____

Supervisor's Work Phone: _____

Student's Title: _____

Internship Beginning Date: _____ Ending Date: _____

of Hours Per Week: _____

of Credit Hours Approved: _____

Semester/Year: _____

Please Submit to:

Faculty Advisor: Richard Jarrard (jarrard@mines.utah.edu) or Susan Halgedahl (shalg@mines.utah.edu).