

UNIVERSITÉ DE MONTRÉAL
Département de géographie

GEO 3022
INTERNSHIP

Term: _____

Name of the student: _____

Matricule: _____

Academic supervisor (professor): _____

Supervisor in the internship host organization: _____

Note: The practical internship is a 3-credit course, which corresponds to approximately 145 hours (about 1 month full time, 40 hours per week).

The internship must be realized outside the University of Montreal, in a public or private organization and must be supervised by a professor from the Department of Geography.

HOST ORGANIZATION:

Name of the host organization: _____

Area of Specialization of the Organization (Keywords):

Mailing address:

Phone: _____

E-mail: _____

Website or Facebook: _____

Short description of the host organization:

INTERNSHIP OBJECTIVES

Identify the training objectives of this internship

JUSTIFICATION OF THE CHOICE OF THE HOST ORGANIZATION

Explain why you chose this organization for your internship. If necessary, attach a document.

WORK PLAN OF THE INTERNSHIP

Present here the agreed work plan.

SCHEDULE

The internship report must be submitted to your professor responsible no later than:

_____ .

SUPERVISION - MEETINGS

Plan at the beginning of the session the number and dates of meetings with the professor or supervisor in the organization

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

EVALUATION

At the end of the internship, the evaluation is as follows.

Internship report (scientific project)	50%
Internship diary	15%
Evaluation by the supervisor of the host institution	25%
Evaluation by the academic supervisor	10%
Total	100%

The evaluations by the supervisor and the academic supervisor (professor) will take into account, among other things, the respect of the deadlines and commitments, the quality of the work accomplished, the capacity of initiative of the student and her/his autonomy. A form is available for this purpose on the web page of the department: <http://geographie.umontreal.ca/ressources-services/ressources-et-formulaires/>

SIGNATURES

Student: _____

Academic supervisor (professor): _____

Supervisor in the internship host organization _____

Supervisor in the institution : _____

Date: _____