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.

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship report (scientific project)</td>
<td>50%</td>
</tr>
<tr>
<td>Internship diary</td>
<td>15%</td>
</tr>
<tr>
<td>Evaluation by the supervisor of the host institution</td>
<td>25%</td>
</tr>
<tr>
<td>Evaluation by the academic supervisor</td>
<td>10%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

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/](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: ____________________________________________________