

# Virginia Tech Geography Department Field Experience Learning Agreement

After discussion with your field experience supervisor, complete the following for your Geography Advisor:

Student' Name: \_\_\_\_\_ Student's ID# \_\_\_\_\_

Type of Field Experience: \_\_\_\_\_ Site Location \_\_\_\_\_

## Field Supervisor Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

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

## Goals for field experience:

## Student Responsibilities:

## Field Supervisor Responsibilities:

*Student's Signature* \_\_\_\_\_

*Date* \_\_\_\_\_