

UW School of Aquatic and Fishery Sciences – Undergraduate Program Forms

FISH 495 Capstone 3: Research Synthesis – Contract

HOW TO REGISTER: Complete and print this form, obtain appropriate signatures, and deliver to the Capstone Coordinator's mailbox (Greg Jensen), Fishery Sciences Bldg. Mailroom, Room 115 - upon receipt of completed form, the Coordinator will email the add code.

STUDENT INFORMATION – PRINT LEGIBLY:

Date: _____ Quarter/Year: _____ Choose Course*: FISH 495A (3 cr) FISH 495B Honors (3 cr)
**Students in SAFS Honors Program should enroll in FISH 495B*

Name: _____ Student #: _____

Phone: _____ E-mail: _____

PROJECT INFORMATION – PRINT LEGIBLY:

Title of Capstone Project: _____

Quarter Project Started (FISH 494): _____

Do you give SAFS permission to post your capstone abstract on the department website as a resource for future capstone students and to showcase undergraduate research?

YES NO

Do you give SAFS permission to keep your capstone paper on file as a resource for future capstone students?

YES NO

FACULTY & WORKSITE SUPERVISOR SIGNATURE:

FACULTY ADVISER (required)

Name: _____ Email: _____

Signature: _____ Date: _____

WORKSITE SUPERVISOR (if applicable)

Name: _____ Email: _____

Name and address of worksite: _____ Phone: _____

Signature: _____ Date: _____

STUDENT ACKNOWLEDGEMENT OF RISK:

For the student, please read this statement. Your signature below indicates that you agree to the following:

"I acknowledge that there may be certain risks inherent in participating in independent research, capstone or internship experiences, depending upon the site and duties. I will take responsibility for discussing these foreseeable risks with my worksite supervisor and faculty sponsor. I acknowledge that all risks cannot be prevented or predicted and I agree to assume risks beyond the control of the University of Washington. If I ever feel unsafe/uncomfortable about a situation, I know that I should speak with my worksite supervisor or faculty sponsor immediately. Should I require emergency medical treatment as a result of accident or illness during a field/lab experience, I consent to such treatment and agree to be financially liable for it. I acknowledge that the UW does not provide health and accident insurance, and also that I've been encouraged to purchase such insurance myself. Other insurance may be available at the facility where I am doing my independent research/internship and it is my responsibility to confirm this coverage there."

Student Signature

Date