

UW School of Aquatic and Fishery Sciences – Graduate Program Resources

SAFS FISH 600 Independent Study – Student Contract

FISH 600 Graduate Independent Study or Research 1-10 credits (15 max); CR/NC only.

HOW TO REGISTER: To enroll for FISH 600, complete this form, obtain appropriate signatures, and submit to the SAFS Graduate Program Adviser (safsadv@uw.edu) by no later than the first day of the quarter in order to avoid [Change of Registration fees](#) – forms received after the first day of the quarter may still be processed for registration but student will be responsible for paying any resulting late fees.

STUDENT INFORMATION:

Name: _____ Student #: _____ Date: _____

Major: _____ E-mail: _____ Quarter/Yr.: _____

Credits (1-10 cr.*): _____ *1 cr = 3hrs/wk COURSE: _____ SLN: _____

PROJECT INFO:

Project Title:

Faculty Sponsor/Adviser:

Project Description:

Project Location:

Project Documentation (how activities, progress, results, etc. will be documented):

Timeline:

Continued on next page

Student Services Only Date Received: _____ Inst. ID: _____ Date Added: _____

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FACULTY & WORKSITE SUPERVISOR SIGNATURE:

Student should outline proposal/learning objectives with faculty sponsor (and worksite supervisor, when applicable).

NOTE: Email signatures will be accepted provided they contain the statement below and/or explicit approval of the student's proposal.

FACULTY SPONSOR (required)

I have read and approve of the student's project proposal, documentation, and timeline as outlined in this document. I agree to work with the student and provide supervision and evaluation before granting credit for the course.

Name: _____ Email: _____

Signature: _____ Date: _____

WORKSITE SUPERVISOR (if applicable)

I have read the student's project proposal and agree to supervise the student on-site and report back to the faculty sponsor upon satisfactory completion of the project.

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 can not 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