

## UW School of Aquatic and Fishery Sciences – Undergraduate Program Forms

### FISH 498 (C/NC) Internship/Experiential Learning – Student Internship Contract

An Undergraduate Internship involves practical experience either on-campus or off-campus. Student may participate in projects at regulatory agencies (city, county, state, federal), non-profit organizations, industry, etc. C/NC only.

**HOW TO REGISTER:** To be enrolled in FISH 498, complete and print this form (double-sided), obtain appropriate signatures, and submit to the SAFS Undergraduate Advising Office, Fishery Sciences Bldg., Room 116 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 – PRINT LEGIBLY:

Name: \_\_\_\_\_ Student #: \_\_\_\_\_

Major: \_\_\_\_\_ E-mail: \_\_\_\_\_

Quarter/Yr.: \_\_\_\_\_ Credits (1-5 cr.\*): \_\_\_\_\_ \*1 cr = 3hrs/wk

#### INTERNSHIP PROPOSAL:

Complete the following, with input from faculty sponsor as needed. Attach extra page if more space is needed.

Project Title:

Faculty Sponsor/Adviser:

Learning Objectives:

Project Description:

Project Location:

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

Timeline:

**Continued on next page**

Student Services Only Date Received: \_\_\_\_\_ SLN: \_\_\_\_\_ Inst. ID: \_\_\_\_\_ Date Added: \_\_\_\_\_

## UW School of Aquatic and Fishery Sciences – Undergraduate Program Forms

### FACULTY & WORKSITE SUPERVISOR SIGNATURE:

Student should outline proposal/learning objectives with faculty sponsor (and worksite supervisor, when applicable). Faculty sponsor (and worksite supervisor, if applicable) must complete an evaluation with the student before granting credit for the experience. Evaluation should be turned in to Student Services in FSH 116 where it will be kept on file with this contract. Evaluation: [http://fish.washington.edu/undergraduates/pdfs/498-499\\_eval.pdf](http://fish.washington.edu/undergraduates/pdfs/498-499_eval.pdf)

*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