

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

## FISH 494 Capstone Project I – Contract

**HOW TO REGISTER:** Complete and print this form, obtain appropriate signatures, and submit to the Capstone Coordinator (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: \_\_\_\_\_ This is my: 1st 2nd 3rd quarter of FISH 494

Credits (3-9 cr.\*): \_\_\_\_\_ \*3 credits minimum – 1 cr = 3hrs/wk

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PROJECT INFORMATION – PRINT LEGIBLY:

Proposed Title of Capstone Project:

First Quarter Registered in FISH 494: \_\_\_\_\_ Projected Quarter of Completion in FISH 495: \_\_\_\_\_

#### Budget:

Enter total cost for project which will not be covered by faculty research grant (enter 0.00 if none).  
If requesting funds, student and faculty must attach itemized budget – form available on [SAFS website](#)

### 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 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