

**Fish 494 - Capstone I (3-9 Cr.)**  
**School of Aquatic and Fishery Sciences**

**PLEASE PRINT**

Date: \_\_\_\_\_ Quarter/year of registration for Fish 494: \_\_\_\_\_

Requested # of credits: \_\_\_\_\_ This is my first second third quarter of Fish 494

(3 credit min. = 9 hours/week/10 weeks, up to 9 credits, 27 hours/week, total.)

Student Name: \_\_\_\_\_  
Last First M.I.

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

**PROJECT INFORMATION**

Proposed Title of Capstone Project:

Beginning quarter: \_\_\_\_\_ Targeted completion quarter: \_\_\_\_\_

BUDGET (required even if \$0.00) - Cost associated with Capstone (total project), not covered by faculty research grant: \_\_\_\_\_

Please note: *no funds will be provided for airfare.*

If cost will exceed \$350, student and faculty should attach list of supplies and budget, available at:

[http://depts.washington.edu/safs/pdfs/UG\\_res\\_grantbud.pdf](http://depts.washington.edu/safs/pdfs/UG_res_grantbud.pdf)

Please check for available equipment before requesting the purchase of new equipment at:

<http://depts.washington.edu/safs/res/instructional/index.html>

**ACKNOWLEDGEMENT OF RISK**

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

"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: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

FACULTY SPONSOR: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Email: \_\_\_\_\_

WORKPLACE SUPERVISOR (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

*Once all signatures have been obtained, please return this form to the Greg Jensen's mailbox in FSH 115. He will email you an entry code for FISH 494. In order to receive an entry code for the second quarter of the project (Fish 495), the student will need to have turned in an approved Proposal to Greg Jensen by the end of the fourth week of the quarter enrolled in Fish 494. This will signal that the student is making adequate progress and that an entry code should be given.*