

FISH 498 (C/NC)
Internship/Experiential Learning (1-15 cr., 15 max.)

An Undergraduate Internship typically involves the student gaining practical experience in a setting either on-campus or off-campus. The student may participate in projects at regulatory agencies (city, county, state, federal), non-profit organizations, industry, etc. Internships are only available on a C/NC basis. The student, faculty sponsor, and workplace supervisor together will outline the learning objectives of the internship experience. Worksite Supervisor must complete an evaluation with the student before the faculty sponsor may grant credit for the experience. This evaluation should be given to faculty sponsor, then turned in to Student Services in FSH 116. This evaluation may be downloaded at: http://fish.washington.edu/students//undergraduates/learning.html

Name: Student #:
Major: E-mail:
Quarter/Yr.: Number of credits:
(3 hrs. /wk. per credit) (1-15 cr.)

Internship Proposal (attach the following on an additional page):

- 1) Learning Objectives (what 3-5 things do you want to learn more about?):
2) Internship description/Location (what will you be doing? where?):
3) How project will be documented (e.g., journal, written report, finished brochure?):
4) Timeline (when will the activities be done, drafts of report, evaluation date, due date for journal?):

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."

By signing below, the Faculty Sponsor and Workplace Supervisor agree to work with the student and provide supervision and evaluation before granting credit to the student.

Faculty sponsor: (printed)

Faculty sponsor signature: Date:

Workplace supervisor: (printed)

Workplace supervisor signature: Date:

Phone: E-mail:

Name and Address of Workplace:

Student signature: Date:

Please return the signed form along with Internship Proposal to Student Services Office (SSO) in Fishery Sciences, room 116 to receive an entry code. This form will remain on file in SSO. Please give copies to the faculty sponsor and worksite supervisor, if applicable.