



# FW 410 EXPLORATORY INTERNSHIP – EXPERIENTIAL TRACK TRAINING AGREEMENT

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**SUBMIT FORM FOR APPROVAL TO REGISTER FOR FW410 EXPLORATORY INTERNSHIP**

Student name \_\_\_\_\_

Campus: Corvallis  Extended

### Your learning objectives:

1) \_\_\_\_\_

\_\_\_\_\_

2) \_\_\_\_\_

\_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_

Quarter you will register for FW 410 Exploratory Internship 1 credit \_\_\_\_\_

### Professional Experience Information

Organization \_\_\_\_\_

Supervisor/Mentor \_\_\_\_\_ Position \_\_\_\_\_

Supervisor/Mentor Email \_\_\_\_\_

Internship dates \_\_\_\_\_ Days/week \_\_\_\_\_ Hours/day \_\_\_\_\_

### Signatures

\_\_\_\_\_  
Student/Date

\_\_\_\_\_  
Supervisor/Date