



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