



FW 410 INTENSIVE INTERNSHIP – TRAINING AGREEMENT

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SUBMIT FORM FOR APPROVAL TO REGISTER FOR FW410 INTENSIVE INTERNSHIP

Student name _____

Campus: Corvallis Extended

Student Learning Objectives - Identify a Knowledge, Skill and Ability (KSA) you want to gain

Knowledge _____

Skill _____

Ability _____

Cooperating Organization and Supervisor/Mentor Information

Name _____ Job Title _____

Supervisor/Mentor Email _____

Organization _____

Internship dates _____ Days/week _____ Hours/day _____

Date you expect to complete 200hrs of internship _____

Term you plan to register for FW 410 _____

Signatures & Date: Student _____

Supervisor _____

COOPERATING ORGANIZATION SIGNATURE REQUIRED PRIOR TO STARTING INTERNSHIP

Please Note: When starting a new internship, the intern and the supervisor should discuss expectations of duties, communication, schedules, and deliverables. The supervisor should be aware they they will submit an evaluation of the student's performance near the end of the internship.