



Oregon State UNIVERSITY

FW 410 INTERNSHIP TRAINING AGREEMENT Fisheries & Wildlife Sciences

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Student name _____ OSU ID _____

Email address _____ 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 _____

Organization _____

Mailing address _____

Email _____ Phone _____

Student's working title _____ Volunteer Employee Other

Internship dates _____ Days/week _____ Hours/day _____

Signatures _____
Internship Coordinator/Date Student/Date

COOPERATING ORGANIZATION SIGNATURE REQUIRED PRIOR TO STARTING INTERNSHIP

Cooperating Organization/Date