



# 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 \_\_\_\_\_

Signatures \_\_\_\_\_

Student/Date

**COOPERATING ORGANIZATION SIGNATURE REQUIRED PRIOR TO STARTING INTERNSHIP**

\_\_\_\_\_

Supervisor or Mentor/Date