



NUTR 495 Undergraduate Internship Application

To be completed by the Student

- This course is for those enrolled in the Food Systems, Nutrition, and Health (FSNH) Major.
- Please type or print neatly and fill out application entirely.
- Your completed Internship Application must be turned in to the FSNH adviser in Raitt Hall 305 or via email to ugnutr@uw.edu.
- Once approved, advising staff will provide you with an add code to register for the course.
- The deadline to submit your application is the first Friday of the quarter.

Personal Information

Quarter: _____

Student #: _____

First Name: _____

Last Name: _____

Preferred Name: _____

UW Email: _____

Phone: _____

Internship Organization Information

Organization Name: _____

Internship Title: _____

Internship Location: _____

Name of Supervisor: _____

Supervisor Email: _____

Supervisor Phone: _____

Number of Hours per week at site: _____

You must spend at least 3 hours per week for each credit you plan to earn.

Number of Credits to be earned (1-5): _____

Position is: _____

Paid

Not Paid

Reflection

Attach a separate page to this application form where you reflect, in about 300-500 words, on the following prompts:

- What goals do you have for this internship experience?
- How does this experience connect to your major?
- What major competencies will be advanced by this experience?

See FSNH major competencies here: http://nutr.uw.edu/major_competencies/

Assumption of Risk

I, _____, will be granted credit for demonstrating
(student name)

the learning that takes place in _____
(internship)

at _____ from _____ through
(internship organization) (date)

_____ to partially fulfill the requirements for NUTR 495 Undergraduate Internship.
(date)

I acknowledge that there are certain risks inherent in internships, including but not limited to physical injury or death. I acknowledge that not all risks can be prevented and I assume those risks beyond the knowledge and control of the University staff. I represent that I am able, with or without accommodation, to participate in the internship and use the equipment and/or supplies required and have obtained any required immunizations and health examinations.

Should I require emergency medical treatment as a result of accident or illness arising from work on the internship, I consent to such treatment. I acknowledge that the University of Washington does not purchase health and accident insurance for students. I agree to be financially responsible for any medical bills incurred as a result of working on the internship, unless the internship organization has purchased workers compensation coverage on my behalf. I acknowledge that I have been advised to purchase medical insurance and have been provided with information about the insurance options available to me (www.uw.edu/ship/affordable-care/). I will provide the internship organization with written information regarding medical conditions about which emergency medical personnel should be informed.

Signature:

Print Name:

Date:

NUTR 495 is subject to all University of Washington Guidelines, including but not limited to tuition and fees, registration, and grading standards.