

University of Arizona
Department of Ecology and Evolutionary Biology
Cooperative Agreement for Offsite Independent Study/Internship

Participant: _____

SID: _____

Degree Program: B.A. EEB _____ B.S. EEB _____ B.S. BIO _____ B.S. BIOIN: _____

Internship Site: _____ **City/State:** _____

The above named student is applying to enroll for _____ units of Independent Study ECOL 399/ECOL 499 (circle one) during the FALL/SPRING/SUMMER I/SUMMER II (circle one) term, 20____.

Each unit of independent study credit is equivalent to 45 hours of internship activity. It is understood that the student is not to receive monetary compensation for this experience.

Upon completion of this experience, the student shall have available for the cooperating internship supervisor and the EEB advisor/instructor a short, reflective essay (minimum of 1 page) in which the student reflects upon their internship experience and its relevance to their intended career choice. The cooperating internship supervisor will be contacted by EEB, upon termination of this cooperative agreement, to provide an evaluation of the participating student's performance. This evaluation, in conjunction with the student's reflective essay will determine the student's grade (superior/pass/fail/incomplete) for the internship experience.

Please attach to this form a short paragraph describing your internship duties, including official start and end dates.

I have read and understand the above stated terms of this cooperative agreement:

Student Signature

Date

Supervisor Signature

Print Name

Date

e-mail address

Phone

EEB Advisor – Sarah Kortessis sarahkortessis@arizona.edu zoom phone 520-626-2609

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