

BIOL 496

Student-Agency Contract

- Complete the form after meeting with a biology faculty member to discuss the appropriateness of receiving credit for the work experience and making arrangements with the Cooperating Agency.
- The Cooperating Agency supervisor and the biology faculty member will need to sign the form.
- Return the completed form to the Biology office (BI 315) or email to biologyadvising@wwu.edu so that an override can be issued.

Student Information		
Name:	Student #:	
Email:	Phone:	Major:
Cooperating Agency		
Agency:	Supervisor:	
Email Address:	Phone:	
City:	State, Zip:	
Nature of the Work Experience		
Learning experiences and goals:		
Duties:		
Will the student receive salary or wages: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate amount:
Weekly schedule (hours per day) M _____ T _____ W _____ TH _____ F _____ Sa _____ Su _____		
Credits to be earned (2 hrs per week = 1 credit):		Quarter/Year:

Print/Signature
Cooperating Agency Supervisor

Print/Signature
Biology Department Faculty