



STATEMENT OF ELIGIBILITY

Department of Natural Resources Student Intern Program

*****The following must be signed by your school counselor or advisor
prior to your appointment as a student intern*****

I, _____ (instructor or registrar),

certify that _____ (student)

is enrolled full-time and in good standing at our institution. I recommend the student's participation in the Department of Natural Resources Intern Program.

Student Signature

Instructor or Registrar Signature

Title

Institution

Date

Please return to:

DNR Intern Program Coordinator
Department of Natural Resources
550 W. 7th Ave., Suite 1400
Anchorage, AK 99501
dnr.interncoordinator@alaska.gov