



# 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:**

Jennifer Dufresne,  
DNR Intern Program Coordinator  
Department of Natural Resources  
550 W. 7<sup>th</sup> Ave., Suite 1400  
Anchorage, AK 99501  
[dnr.intercoordinator@alaska.gov](mailto:dnr.intercoordinator@alaska.gov)