



# 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 Coordinator  
Department of Natural Resources  
550 W. 7th Ave. Suite 1400  
Anchorage, AK 99501  
[DNR.interncoordinator@alaska.gov](mailto:DNR.interncoordinator@alaska.gov)