The College of New Jersey
Office of Records & Registration
P.O. Box 7718, Ewing, NJ 08628-0718
609-771-2141

INTERNSHIP ENROLLMENT FORM

NAME: 
Last                                      First                                      M.I.                  
ID #: ___________________________________ (6 digit PAWS ID)          
PHONE:                                     EMAIL:                                      
SEMMESTER: Fall _____ Spring _____ Summer _____ Year: ___________ 
Student’s Cumulative GPA: _______ (Must be 2.5 or greater) Student’s Status _________ (Must be Junior or Senior)

COURSE ID: ___________________ SECTION ID: _____________ (for Records & Registration only) 
INSTRUCTOR: ___________________ GRADING: Normal Letter Grades: _____ or Pass/Unsatisfactory _____

INTERNSHIP UNITS*: _______ (Not to exceed 1.5 course units except in certain approved programs such as Health & Exercise Science)

Total number of registered units for this semester, including internship: _______ (May not exceed 4.5 Units)

Total number of internship units student will have completed at the end of this semester: _______ (May not exceed 3.0 Units)

Completed proposal to be submitted to: ____________________________ on _________________ (mo/day/yr)

Academic Department

Full proposal documenting course of study must be filed with the Instructor.

INTERNSHIP ORGANIZATION (Also indicate on Proposal): ________________________________

ADDRESS  __________________________________________________________________________
Street   City    State    Zip

SUPERVISOR: __________________________________________________________________________
Title    Phone    Email

START-END DATES OF INTERNSHIP: ________________________________

TYPE OF INTERNSHIP (Check one of the following):
______ Credit only or ______ Credit & Stipend/Salary Hourly Rate ____/hr. HOURS PER WEEK _______

Please sign and date where indicated. All signatures must be completed before registration will be processed.

STUDENT: ___________________________ DATE: ________________

*By signing this form, I acknowledge that I am responsible for the payment of all tuition and fees associated with the number of units earned from this course.

SUPERVISING FACULTY: ___________________________ DATE: ________________

DEPARTMENT CHAIR (or Designee): ___________________________ DATE: ________________

DEAN (or Designee): ___________________________ DATE: ________________

This Internship Enrollment Form must be submitted to the Office of Records & Registration at the time of registration. Registration will not be permitted if this form is incomplete and/or there are missing signatures.

Original: Records and Registration Copies: Career Services

Revised 10/2014