

# 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 #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (6 digit PAWS ID)
PHONE: EMAIL:	MAJOR:

SEMESTER: 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**