

# The College of New Jersey

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

## INTERNSHIP ENROLLMENT FORM

|                          |   |
|--------------------------|---|
| NAME:<br>Last First M.I. | ID #:<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>(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: \_\_\_\_\_

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 05/04/11

Category I: \_\_\_ A: Transformative Learning Experience; \_\_\_ B: Scheduling Conflict (sr); \_\_\_ C: Credit Shortfall; \_\_\_ D: Summer

Category II: \_\_\_ E: Scheduling Conflict; \_\_\_ F: Class Level of Student