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:	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

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: _____ DATE: _____
ONLY required for School of the Arts and Communication

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 08/10