

# 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (8 digit TCNJ ID or 9 digit S.S. #)
PHONE:	EMAIL:	MAJOR:	
ADDRESS: Street City State Zip			

SEMESTER: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Year: \_\_\_\_\_

Student's Cumulative Average: \_\_\_\_\_ (Must be 2.5 or greater) Student's Class \_\_\_\_\_ (Must be Junior or Senior)

COURSE ID: \_\_\_\_\_ SECTION ID: \_\_\_\_\_ (for Records & Registration only)

INSTRUCTOR: \_\_\_\_\_ GRADING: Normal Letter Grades: \_\_\_ OR Pass/Unsatisfactory \_\_\_

INTERNSHIP CREDITS: \_\_\_\_\_ (Not to exceed 6.0 semester hours except in certain approved programs such as Health & Exercise Science)

Total number of registered hours for this semester, including internship: \_\_\_\_\_ (May not exceed 18.0)

Total number of internship hours student will have completed at the end of this semester: \_\_\_\_\_ (May not exceed 12.0)

Check one of the following:

\_\_\_ Approved proposal attached OR \_\_\_ Completed proposal to be submitted to R&R on \_\_\_\_\_  
(month/day/year)

INTERNSHIP ORGANIZATION: \_\_\_\_\_

Is this information on the proposal? (Circle one of the following): YES / NO

ADDRESS \_\_\_\_\_  
Street City State Zip

SUPERVISOR: \_\_\_\_\_  
Name Title Phone E-mail

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 \_\_\_

**(The completed proposal must be submitted to Records & Registration no later than the end of the first week of classes!)**

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

STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISING FACULTY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT CHAIR (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. A copy of the Internship proposal must either accompany this form or be submitted according to the date above. **Failure to complete and file a proposal on time may jeopardize the student's registration.**

**Original: Records and Registration / Copies: Career Services**