

**THE COLLEGE OF NEW JERSEY
SCHOOL OF BUSINESS
ACCOUNTING INTERNSHIP PROPOSAL FORM**

NAME: _____ STUDENT I.D.: _____

COLLEGE ADDRESS: _____
 Street/Residence Hall

 City and State Zip

HOME ADDRESS: _____
 Street

 City and State Zip

Phone: () _____

NAME OF FIRM: _____ PHONE: () _____

ADDRESS: _____

NAME OF INTERN'S SUPERVISOR: _____ TITLE: _____

TOTAL CREDIT HOURS FROM ANY PREVIOUS INTERNSHIP _____ SEMESTER COMPLETED _____

NAME OF FIRM: _____

OBJECTIVES OF ON-THE-JOB ACTIVITIES (HOW WILL CLASSROOM KNOWLEDGE BE APPLIED? WHAT SPECIFIC KNOWLEDGE OR SKILL, ETC.?)

 (See Attached)

<u>ASSIGNMENT</u>	<u>DUE DATE</u>
_____ (See Attached) _____	

STUDENT EVALUATION:

1. Successful completion of research paper
2. Employer evaluation of intern (Optional)
3. On-site visit, if feasible

 Signature of Student Intern Signature of Department Coordinator Signature of Internship Coordinator

Copies of the approved proposal will be provided to the student, the internship coordinator, the department and the firm supervisor.