

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

NAME: _____ **STUDENT ID.:** _____

COLLEGE ADDRESS: _____ Street/Residence Hall	HOME ADDRESS: _____ Street
_____ City and State ZIP	_____ 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)

ASSIGNMENT

DUE DATE

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