

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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (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 _____ Completed proposal to be submitted to: _____
on _____ (mo/day/yr) and Records and Registration on _____ (mo/day/yr)
department

INTERNSHIP ORGANIZATION: _____ Is this information on the proposal? _____

ADDRESS _____
Street City State Zip

SUPERVISOR: _____
Title Phone Email

(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: Department, Career Services & Student