**The College of New Jersey**  
*Office of Records & Registration*  
P.O. Box 7718, Ewing, NJ 08628-0718  
609-771-2141

**INTERNSHIP ENROLLMENT FORM**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>ID #:</th>
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<tr>
<td>Last</td>
<td>First</td>
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<tr>
<td>PHONE:</td>
<td>EMAIL:</td>
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<tr>
<td>MAJOR:</td>
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**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 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  
- _____ 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

Revised: 4/07