



The College of New Jersey
Office of Records and Registration
P.O. Box 7718, Ewing, NJ 08628-0718
Phone: (609)771-2141 Fax: (609)637-5184

Undergraduate Internship Enrollment Form

Last Name: First Name: MI: PAWS ID:

Phone: TCNJ E-Mail: Major

SEMESTER: Fall Spring Winter Summer Year

GPA: must be 2.0 or higher* * The College requires a GPA of 2.0 for all undergraduate internships; however, departments may require a higher GPA if deemed appropriate.

COURSE ID: SECTION ID: (For Records and Registration only)

INSTRUCTOR: OVERLOAD REQUIRED: Yes No
SWAP OUT OF:

INTERNSHIP UNITS: Not to exceed 2 units** ** Total enrolled units per semester may not exceed 4.5 units. Enrollments exceeding 4.5 units must be approved as an overload by the Assistant Dean.

TOTAL EARNED COURSE UNITS: Text: Students must have completed at least 3 course units total at the College.

TOTAL EARNED INTERNSHIP UNITS student will have completed at the end of this semester (May not exceed 3.0 units):

Completed proposal to be submitted to (academic department): on Date:

Full proposal documenting course of study must be filed with the Instructor.

INTERNSHIP ORGANIZATION (also indicate on Proposal):

Address City State Zip Code

Supervisor Name and Title Phone Number E-mail

Internship Start and End Dates: hours per week. Internship Counts As: Capstone Requirement: Yes No

Type of Internship: Credit Only Credit & Stipend/Salary/Hourly rate of _____/hour.

PLEASE SIGN AND DATE WHERE INDICATED. ALL SIGNATURES MUST BE COMPLETED BEFORE REGISTRATION WILL BE PROCESSED:

Student*: _____ Date: _____

* By signing this form, I acknowledge that I am responsible for the payment of all tuition and fees associated with the number of units earned from this course.

Supervising Faculty: _____ Date: _____

Department Chair (or Designee): _____ Date: _____

Dean (or Designee): _____ Date: _____