



The College of New Jersey  
Office of Records and Registration  
P.O. Box 7718, Ewing, NJ 08625-0718  
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

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: \_\_\_\_\_