



CAREER SERVICES
College Drive • P.O. Box 2001
Toms River, NJ 08754-2001
PHONE 732-255-0400 ext. 2349
TTY & VOICE RELAY 711

INTERNSHIP APPROVAL FORM

Instructions: Internships require a minimum of six weeks from the start of the term for the approval process to be completed.

- 1. The student will engage in a minimum number of workplace hours which are determined by the number of credits:
[] 45 hours = 1 credit [] 90 hours = 2 credits [] 135 hours = 3 credits
2. [] Fall (15 weeks) [] Spring (15 weeks) [] Summer (10 weeks)
3. The student, Career Services Representative, Academic Advising Representative, Site Supervisor, and Faculty Mentor must sign the agreement below.
4. The student accepts all responsibility for Internship course tuition and fees.

Student

Name _____ ID # _____
Email Address _____ Phone Number _____
Signature _____

Career Services Representative

The student has met the professional requirements to participate in an internship during the _____ semester.
Signature _____

Academic Advising Representative

The student has met the academic requirements to participate in an internship during the _____ semester.
Signature _____

Site Supervisor

I agree to supervise this student on site for the minimum number of hours during the _____ semester.
Name _____ Title _____
Email _____ Phone Number _____
Company Name _____
Company Address _____
Signature _____

Faculty Mentor

The above student has completed with me all the required paperwork to conduct an internship during the _____ semester.
I hereby accept the student for the Internship Course under course # _____ .
Signature _____

The Faculty Mentor is responsible for immediately contacting the related Academic Administrator to create the proper internship course section. The student will bring the registration form to Registration and Records to register for the course. Students who do not have the completed form will not be permitted to register for an internship.