



Internship Approval Form

Fax: 973-290-4231

Student Information: Please Print

First Name: _____ **Last Name:** _____ **ID # 0000** _____

Undergraduate Program : Major 1 _____ Major 2 _____

Class Level: _____ **GPA** _____

Internship Information: Please Print

Course ID# _____ **Number of Internship Credits** _____

Year _____ **Term** _____ **Session** _____

Name of Organization: _____

Address: _____
Number Street

City State Zip County

Telephone () _____ - _____ **ext** _____ **Proposed Hours per Week** _____

On-site Contact Person/Supervisor _____

Description of Internship _____

CSE Faculty Mentor (person submitting final grade): Signature/ Date: _____

Approvals: (ALL signatures MUST be obtained before form will be processed by Registrar's Office)

Student Signature/Date: _____

Advisor #1 Signature/ Date: _____ **Advisor #2** _____

Program Chair Signature/Date: _____

Dean Signature /Date: _____

*** International Students need the signature of the Director of International and Multicultural Affairs***

Director, International and Multicultural Affairs Signature/ Date: _____

Internship Coordinator Signature/Date: _____

Registrar's Office: _____ **Date:** _____