Internship in Mathematics/Statistics – Student Internship Agreement

The student needs to complete all sections. Please make sure to turn in this form along with the Department of Mathematics and Statistics: Internship in Mathematics/Statistics – Employer Internship Agreement form prior to the time of enrollment and beginning the internship experience

**Sections I: Demographic Information**

|  |  |
| --- | --- |
|  | Enter Information in this Column |
| Name (Last, First, Middle Initial) |  |
| Student ID Number: |  |
| Campus/Local Address: |  |
| City, State, Zip Code |  |
| Campus/Local Phone |  |
| Home/Permanent Address: |  |
| City, State, Zip Code |  |
| Home/Permanent Phone: |  |
| TCNJ E-mail Address: |  |
| Other E-mail Address |  |
| Do you have your own transportation? (check one): | \_\_\_ yes \_\_\_ no |
| Major: |  |
| Second Major: |  |
| Minor: |  |
| Second Minor: | \_\_\_yes \_\_\_no |
| Overall Grade Point Average: |  |
| Number of Course Units Completed: |  |

**Section II: Relevant Coursework, Experience, and Extracurricular Activities**

List coursework relevant to the internship positions that you are considering.

|  |
| --- |
|  |

List specific computer hardware and software with which you have worked.

|  |
| --- |
|  |

List any work experience that might be relevant to the internship positions which you are considering.

|  |
| --- |
|  |

**Section III: Internship Information**

|  |  |
| --- | --- |
|  | Enter Information in this Column |
| Semester/Session of Internship (check one): | \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer |
| Year of Internship: | 20\_\_\_\_ |
| Number of Credits for Internship (check one): | \_\_\_\_ .25 course units (50 hours of experience)\_\_\_\_ .5 course units (100 hours of experience)\_\_\_\_ .75 course units (150 hours of experience)\_\_\_\_ 1 course units (200 hours of experience) |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Intern Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Coordinator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair Date