



APPROVAL FOR PARTICIPATION IN CCM'S INTERNSHIP PROGRAM
for
PUBLIC HEALTH (2156)

Student's Name

Internship Semester

- 1. Faculty Approval:** Please take this form to the Public Health Faculty Intern Supervisor in HPE 225 for consideration and signature. If you are asking to remain at a current job or have a job offer that you wish to use for your internship experience, please be prepared to discuss the job with your Faculty Intern Supervisor.
- 2. Submit Application Forms:** Submit this signed approval form, your internship application, and any additional completed documentation, such as a Position Activities / Job Description form, to the Office of Career Services in the Student Community Center, room 118, or by email to career-services@ccm.edu.
- 3. Register for Internship Credits:** You will be notified when your internship experience approval is finalized and be directed to register and pay for the appropriate internship credits.

If you have any questions, contact the Office of Career Services at (973) 328-5245 or the Health & Exercise Science Department at (973) 328-5328..

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The above-named student is approved for participation in CCM's Internship Program for the semester noted, pending approval of the proposed work site.

Date

Signature Faculty Intern Supervisor



CREDIT INTERNSHIP PROGRAM at CCM

Please print clearly

MAJOR Public Health PARTICIPATING SEMESTER _____

STUDENT ID _____ NAME _____

CITY _____ PHONE _____

CCM E-MAIL _____@student.ccm.edu

RELEASE:

I understand that the credit-bearing Internship program is a graded academic course, for which I agree to register and pay for tuition as I would for any other class, for the semester in which I am working. I also understand that my resume or employment qualifications may be provided to prospective employers. In addition, any information given to me by the Career Services staff about current positions should not be shared with other students or community members to ensure work-site confidentiality.

I have read, understand, and accept the above.

Student Signature

Date

..... **Office Use Only**

Approved

Using Own Job (Attach Job Description) New Existing

CCM Referral Job Title: _____

Employer: _____

Address: _____

Contact/Phone/Email: _____

Credits: 3Cr 2Cr 1Cr Term: _____ Start Date: _____ Wage: _____

Notes: _____
