



APPROVAL FOR PARTICIPATION IN CCM'S INTERNSHIP PROGRAM  
for  
PUBLIC SAFETY /  
CRIMINAL JUSTICE (2950)  
FIRE SCIENCE TECHNOLOGY (3460)

Student's Name

Co-op Semester

- 1. Faculty Approval:** Please take this form to the Criminal Justice Faculty Internship Advisor in Sheffield Hall 203 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 Internship Advisor.
- 2. Submit Application Forms:** Submit this signed approval form, your internship application, and any additional completed documentation, such as an employer information sheet or job description, 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 Criminal Justice Department at (973) 328-5760.

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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 of Public Safety Internship Advisor



## CREDIT INTERNSHIP PROGRAM at CCM

*Please print clearly*

MAJOR \_\_\_\_\_ 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PUBLIC SAFETY  
CRIMINAL JUSTICE (2950) / FIRE SCIENCE TECHNOLOGY (3460)**

**Internship Employer Information**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

**INTERNSHIP EMPLOYER**

Agency Name \_\_\_\_\_

Agency Address \_\_\_\_\_

Agency Telephone # \_\_\_\_\_

**INTERNSHIP SUPERVISOR**

Supervisor Name \_\_\_\_\_

Supervisor Title \_\_\_\_\_

Supervisor Email \_\_\_\_\_

Supervisor Telephone # \_\_\_\_\_

**INTERNSHIP JOB TITLE** (if known) \_\_\_\_\_

**BREIF JOB DESCRIPTION** (or attach a job description)

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

*The above information is accurate to the best of my knowledge.*

\_\_\_\_\_  
Student's Signature/Date