



GSND 9000Q SGS Internship Application

Check semester and fill in year: Fall Spring Year _____

Name _____ Graduate Program _____

Year Started Graduate School _____ Date Completed Propositional Qualifying Exam _____

RUID/A # _____ Net ID _____

E-mail _____

Phone Number _____

Name of Internship Supervisor _____

Title _____

Supervisor's Email _____

Supervisor's Phone Number _____

Name of Company _____

Address _____

City _____

State _____

Zip Code _____

Dates of Internship _____

Times/Hours of Internship _____ Course Credits: _____

(Note: For three credits, student must complete a minimum of 130 hours over the course of the semester). You will be required to fill out a final report including examples of work performed and a current resume. Your supervisor will also be filling out an evaluation of your performance. Additionally, you will complete an evaluation of the employer.

Please provide a brief description of what your internship responsibilities will entail and what is the overall goal of the project that you are participating in.

Signature of Student _____ Date _____

Signature of Thesis Advisor _____ Date _____

Signature of Internship Supervisor _____ Date _____

Signature of Graduate Program Director _____ Date _____

Signature of Course Director/Asst/Assoc. Dean, SGS _____ Date _____

**Please submit form to the SGS Newark office leslie.lucy@rutgers.edu
Rutgers SGS at 185 South Orange Avenue, Newark, NJ 07103**