

**APPLICATION FOR MCJ CRIMINAL JUSTICE INTERNSHIP  
DEPARTMENT OF CRIMINAL JUSTICE  
NEW MEXICO STATE UNIVERSITY**

Name: \_\_\_\_\_ Semester, Year \_\_\_\_\_

ID#: \_\_\_\_\_

Student Address:

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Eligibility**

Earned Student Credit Hours: \_\_\_\_\_ Overall Graduate GPA: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ CJ GPA: \_\_\_\_\_

Do you have a prior juvenile record or adult criminal conviction? [  ] Yes [  ] No

If yes, please explain.

Do you have any known disorder or disability that would affect your performance in the activities required at your internship placement agency? [  ] Yes [  ] No

If yes, please explain.

Do you have a program from the students for disabilities office describing the accommodations that would facilitate your participation in NMSU or internship activities? [ ] Yes [ ] No

If yes, please describe the accommodations that would facilitate your participation. Include any accommodations that might be useful in the field, even if they are not needed in the classroom situation. Attach any relevant documentation. Note that accommodations should be worked out with the internship site prior to registration.

### **Termination or Modification of Placement**

I understand that an agency that provides a criminal justice internship may conduct a background check to determine the appropriateness of my participation in their program. I further understand that the internship may be modified or terminated if it is established that the modification or termination is in the best interest of the student, the agency, the department or the university. The modification or termination will be determined by the internship advisor, in consultation with the student, the Academic Head of the Department of Criminal Justice, and the agency supervisor. I certify that all of the information I have given in this application is correct to the best of my knowledge.

\_\_\_\_\_ (initials)

### **Ethical and Professional Standards**

I understand that as a field experience student, I will be representing my university the Department of Criminal Justice, and the field experience organization in a professional role. I will adhere to professional standards of conduct and ethics for my field and my organization.

\_\_\_\_\_ (initials)

### **Understanding of Liability**

In agreeing to participate in an internship with \_\_\_\_\_ (organization), I agree to release and discharge, for myself, my heirs, executors, administrators, and assigns, the Department of Criminal Justice and \_\_\_\_\_ (organization) and its employees of from any injuries resulting, or which may result, in the course of this internship. I further agree that I will not bring any claims, demand action, or cause of action, nor will I allow such to be brought in my behalf against the Department of Criminal Justice and \_\_\_\_\_ (organization) or its employees.

\_\_\_\_\_ (initials)

## Internship Placement Agreement

The student identified below has been accepted for an internship with the following agency:

Name: \_\_\_\_\_ Semester, Year \_\_\_\_\_

ID #: \_\_\_\_\_

Placement Organization: \_\_\_\_\_

Organization Address:

Name of organization contact person: \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

E-mail or web site, if applicable: \_\_\_\_\_

Number of hours per week to be completed by intern: \_\_\_\_\_

### Signatures:

The student and the organization here have agreed upon an internship experience to begin on

\_\_\_\_\_ (date) and to end on \_\_\_\_\_ (date).

Student	Date	Agency Representative	Date
---------	------	-----------------------	------

\_\_\_\_\_  
Printed name of student

\_\_\_\_\_  
Printed name of agency representative

Signature of Department Internship Coordinator	Date
------------------------------------------------	------

\_\_\_\_\_  
Printed name of Department Internship Coordinator