

**DEPARTMENT OF CRIMINAL JUSTICE
NEW MEXICO STATE UNIVERSITY
CJ 393: INTERNSHIP OF CJ
1.00-12.00 CR.**

Student Name: _____ Banner ID#: _____

Semester/Year: _____ Number of Internship Credits: _____

Address: _____
City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail: _____

STUDENT ELIGIBILITY SUMMARY

Number of Degree Credits earned so far: _____ Overall GPA: _____
NMSU Credits: _____

Anticipated Graduation Date: (Month/ Year): _____

*Please attach a copy of S.T. A. R. Degree Audit

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 in the criminal justice agency? ____ YES ____ NO
If YES, briefly explain the disorder or disability

Do you have a program from the Students with Disabilities Office describing the accommodations that would facilitate your participation in school or internship activities?
____ YES ____ NO

Please briefly describe the recommended accommodation to 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 the agency that provides the internship may conduct a background check to determine the appropriateness of my participation in the program. I further understand that the internship may be modified or terminated if it is established that such an action 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 department head and the agency supervisor. I certify that all the information given in here is correct to the best of my knowledge.

Student's Signature

Student Initials

ETHICAL AND PROFESSIONAL STANDARDS

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

Student's Signature

Student 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 and _____(organization) and its employees of any liability arising from any injuries 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 shall I allow such to be brought on my behalf against the department and _____(organization) or its employees.

Internee's Signature

NMSU Internship Supervisor

Dated this _____ day of _____, 20__

INTERNSHIP PLACEMENT AGREEMENT

Organization Placement: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Information of the Agencies Representative: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Number of hours per week to be completed by the intern _____

The internship experience shall begin on _____ (date) and end On _____ (date).

Student's Name (Print)

Student's Signature

Date

Name of Agency Representative (Print)

Signature of the Agency Representative

Date

Name of the NMSU CJ Internship Coordinator (Print)

Signature of the NMSU CJ Internship Coordinator

Date