



OFFICE OF INFORMATION TECHNOLOGY UNPAID INTERNSHIP PROGRAM APPLICATION

Name _____ Date _____

Applying for Fall Spring Summer

E-mail _____

Current address

Current Telephone (with area code) _____

Permanent address
(if different)

Permanent Telephone (with area code) _____

University or college currently enrolled in _____

Major _____ Minor _____

Expected year of graduation _____

Expected status at beginning of Internship (check one) Freshman Sophomore Junior Senior

Do you plan to receive credit for your Internship? Yes No

If "Yes," please identify the Internship requirements:

What type of Internship are you looking for? App Development GIS Network Software development

Other

Please include a cover letter and your resume with this application.

Please email your submission to oit.internship@tech.nj.gov.