



Northeastern

U N I V E R S I T Y

Graduate School of Criminal Justice

I n t e r n s h i p P l a c e m e n t F o r m

Name: _____

Student ID Number: _____

Current Address: _____
Street

City State Zip Code

Telephone: _____
Day Evening

Email Address: _____

- CJ G 400 Internship I (3 shs) Fall Semester
- CJ G 402 Internship II (3shs) Spring Semester
- Summer Semester I
- Summer Semester II
- Summer Semester Full

Agency Name: _____

Field Supervisor: _____

*On an attached sheet, briefly outline the following:

- I. Description of the Project/Assignment
- II. Methodology for Completion of the Project/Assignment
- III. Requirements for Receiving Grade
- IV. Name and Address of Agency

Student's Signature Date

Field Supervisor's Signature Date

Graduate Director's Approval Date

Please Note: This form must be approved by BOTH the Field Supervisor and the Director of the Graduate School prior to registering for the course.