



# 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](mailto:oit.internship@tech.nj.gov).