



OFFICE OF INFORMATION TECHNOLOGY PAID 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.