

**DEPARTMENT OF CRIMINAL JUSTICE**

**NEW MEXICO STATE UNIVERSITY**

**CRIMINAL JUSTICE INTERNSHIP (CJ 393) CONTRACT**

Student Name: \_\_\_\_\_, Banner ID# \_\_\_\_\_

Semester and year: \_\_\_\_\_, Number of Internship Credits \_\_\_\_\_

Address:

Phone: \_\_\_\_\_, E-mail: \_\_\_\_\_

**ELIGIBILITY SUMMARY**

Number of degree Credits earned so far: \_\_\_\_\_, Overall GPA: \_\_\_\_\_, CJ GPA \_\_\_\_\_

NMSU Credits \_\_\_\_\_.

Anticipated Graduation Date: \_\_\_\_\_ (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? 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. \_\_ (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.  
\_\_\_\_\_ (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 \_\_\_\_\_ 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 \_\_\_\_\_ or its employees. (Initials)

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

Internee's Signature \_\_\_\_\_  
NMSU Internship Supervisor \_\_\_\_\_

**INTERNSHIP PLACEMENT AGREEMENT**

Placement Organization \_\_\_\_\_  
Address: \_\_\_\_\_  
Organization Contact Person: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax# \_\_\_\_\_  
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 Signature \_\_\_\_\_ . Date \_\_\_\_\_  
Student Name \_\_\_\_\_ (print)

Signature of the agency representative \_\_\_\_\_ . Date \_\_\_\_\_  
Name of agency representative \_\_\_\_\_ (print)

Signature of the department Internship Co-ordinator \_\_\_\_\_ . Date \_\_\_\_\_  
Name of the Co-ordinator (print) \_\_\_\_\_