



New Jersey Department of Environmental Protection

AQES - INTERNSHIP PROGRAM

Name: _____

E-mail: _____

Current address: _____

Telephone: _____ County: _____

Permanent address: _____

(if different) _____

Telephone: _____ County: _____

School currently enrolled in: _____

Major/Minor: _____

Expected year of graduation: _____

Expected status at beginning of internship: (Check one)

(Summer applicants should circle their status for the fall term following the internship)

1st year 2nd year 3rd year 4th year

Do you plan on receiving credit for your internship? Yes No

If "Yes," please identify course, advisor and advisor's contact information:

Please list the AQES projects you are interested in:

1. _____ 2. _____

With this application, please attach: **1) a resume, 2) a brief writing sample, 3) most recent transcript and 4) the names and phone numbers of three references (either professional or educational contacts).**

I hereby certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. **Note:** A typed name qualifies as a signature.

Signature: _____ Date: _____

Please address your submission to:

Attn: AQES Internship Program
Manager AQESintern@dep.nj.gov