

STATE OF NEW JERSEY
MOTION PICTURE AND TELEVISION COMMISSION

Student Internship Application

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip-code: _____

Phone: _____

College/University: _____

Faculty Advisor: _____

Faculty Advisor Phone: _____

Major field of study: _____

Minor: _____

College credits completed to date: _____

Film/TV courses taken to date (list title, credits, and grade):

Films/videotapes produced (list title, length and your role):

Other relevant experience or special skills:

Your career objectives:

Any additional comments, questions or references you would like us to know about:

Please have faculty advisor comments and signature sent under separate cover.

Print out and mail to:

David W. Schoner, Jr.
Associate Director
New Jersey Motion Picture and Television
Commission One Gateway Center
11-43 Raymond Plaza West
Suite 1410
Newark, NJ 07101