INTERNATIONAL STUDENT AND SCHOLAR SERVICES
CENTRAL

Curricular Practical Training (CPT)
Internship Approval Form

To be completed by the Student:

Name: _____ Date of Birth: _____

Student ID #: _____ Phone #: _____

Name & Address of Employer: _____

Work Phone #: _____

Dates of Employment: Start Date: _____End Date: _____ # Hours per Week: _____

Dates of Previous CPT: _____

Student Signature: _____ Date: _____

To be completed by Academic Advisor:

I hereby certify that the Internship position offered to the aforementioned student is directly related to the student's major and student will receive credit for it towards their major.

____ /_____ / _____
Degree Program Completion Date

_____	_____	_____
Academic Advisor's Name	Signature	Date

To be completed by Internship Advisor:

Please return this portion with a copy of the internship offer letter to ISSS.

I hereby certify that the above-mentioned student has met all the conditions required to participate in Internship or an Independent Study (Course registration required).

_____	_____	_____
Internship Advisor's Name	Signature	Date

To be completed by International Student and Scholar Services Office:

I hereby certify that all the appropriate forms have been filled with the International Student and Scholar Services Office.

_____ _____

Toyin Awoderu
Primary Designated School Official
International Student and Scholar Services

Date