



**Dates of Proposed Curricular Practical Training:** From \_\_\_\_\_ To \_\_\_\_\_  
(dates from employer's offer letter)

**I-20 program completion date:** \_\_\_\_\_

**This training will be:** \_\_\_\_ Full Time \_\_\_\_ Part Time (20 hrs/wk or less)

**Name of Employer:** \_\_\_\_\_

**Complete Mailing Address of Employer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Brief description of duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Academic Department Advisor completes this section:**

**Student is registered for internship course number** \_\_\_\_\_

**Please explain why this particular curricular practical training experience is integral to the student's academic program. How will this experience enhance his or her studies? (This information will be entered into the student's SEVIS record.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the curricular practical training experience, described above and in the employer's offer letter, is recommended for this student.**

_____ <b>Advisor's Signature</b>	_____ <b>Name &amp; Title (please print)</b>
_____ <b>Department (please print)</b>	_____ <b>Telephone</b>
	_____ <b>Date</b>

**Email**