

ADVISOR Verification Form – Curricular Practical Training

To the advisor,

The student named below wishes to be authorized to work off-campus as allowed by the Department of Homeland Security. Before our office can authorize such employment, we must establish that the work the student will be doing provides experience which supplements the academic program of study in a meaningful way. As the student's academic advisor, it is your responsibility to confirm that the credit awarded for this internship will count toward the requirements for degree completion as outlined in your department and that it is an *integral* part of the student's degree program.

Please verify to the best of your ability:

The student's expected date of completion of studies/graduation: _____

Explain how this internship relates to the student's field of study and serves an academic purpose.

I certify that this internship (please check ONE of the following):

- Is required to complete the student's degree
- Is an integral part of an established curriculum (i.e., earning credit toward the degree program)
- Adds meaningful experience to the academic program

Typed/Printed Name of Advisor

Signature of Advisor

Phone or email address

Date

Students, please provide the following information:

Name: _____ EOU ID Number: _____

Local phone or e-mail address: _____

Employer's name: _____

Employer's Location (Required) Street Address: _____

City: _____ State: _____ Zip code: _____

Employment start date: _____ Employment end date: _____

Approximate number of hours you expect to work each week: _____

*(Please note, employment up to 20 hours/week is considered part time; 21 hours or more is considered full time.)

Note to student: In order for CPT employment authorization, this form must be submitted to the International Student Programs Office with the Internship Form and an offer letter from the employer at least 5 business days prior to the employment start date.

