



STUDENT INFORMATION

LAST/FAMILY NAME, capitalized

First/Given Name

E-mail Address

Telephone Number

Academic Degree Level

Academic Department

Date expected to complete all coursework for degree program

Date expected to complete all requirements for graduation

EMPLOYER INFORMATION

Employer/Company Name

Job Title

Part-Time CPT

Full-Time CPT

CPT Start Date

CPT End Date

Street Name and Number

City

State

Zip Code

I certify the above is correct. STUDENT Signature: Date:

TO THE ACADEMIC ADVISOR

This should be completed by the Vanderbilt faculty member who will supervise the student's training experience.

According to the regulations in 8 CFR 214.2(f)(10)(i) "An F-1 student may be authorized . . . to participate in a curricular practical training program which is an integral part of an established curriculum." Employment that is related to the major and is a good opportunity does not necessarily meet the authorization qualifications. Please contact ISSS if you have any questions.

Academic Course Title

Course Number

Number of Course Credits

If the above is not a course that specifically requires employment (ie: practicum, internship, externship) on official departmental letterhead please indicate course # and course description (including course objectives) that the student will enroll in, and describe the training's academic course relevance. Your letter should also state whether or not the training (internship experience) is required of all students.

For graduate students whose internship is for research purposes to complete thesis/dissertation the letter should specifically state the student's thesis/dissertation topic and how this internship is required for thesis/dissertation completion.

I certify the above is correct, that I reviewed the training offer, and the training is an integral part of the student's established curriculum. ADVISOR Signature: Date: ADVISOR Name & Title: Phone: