

CURRICULAR PRACTICAL TRAINING CLEARANCE FORM

1/3/01

Student Name: _____ Major: _____

Student I.D. #: _____ Phone #: _____

I certify that

_____ I will enroll in _____ for _____ units of credit

_____ The internship meets requirements and/or recommendations of my academic program.
Course Title and Number

_____ In my major for _____ quarter/semester _____.
Fall/Winter/Spring/Summer Year

Student's Signature: _____ Date: _____

Note: You may be required to submit an evaluation of your internship to your advisor and a copy of the evaluation to the International Student Center.

EMPLOYER'S VERIFICATION - Please attach your business card.

Company Name

Address

Date you would like student to begin employment: _____

Date the employment will end _____

Position: _____

Brief description of duties: _____

Supervisor's Name: _____ Title _____

Signature: _____ Phone : _____ Date: _____

ACADEMIC DEPARTMENT APPROVAL

Please endorse this form after the student has obtained employer's verification and completed the student section above.

This student will be earning academic credit and is a recommended part of his/her curriculum. The internship or cooperative education employment is directly related to the student's major and meets with my approval.

Advisor Name

Advisor Signature

Department: _____

Phone #: _____ Date: _____