Form to be Completed by the Employer
Student Curricular Practical Training Application

***Note to Employer**: Please fill out this form **or** submit a letter of offer on company letterhead containing all the information requested below.*

Student Name: _____
Family Name First Name

Name of Company: _____

Company Address: _____

_____

_____

Name of Contact Person: _____

Email: _____Phone: _____

Employment to begin on _____ and end on _____
(Dates from Advisor and Employer need to match)

Number of work hours per week: _____; ☐ Full Time or ☐ Part Time; ☐ Paid or ☐ Unpaid

Position Title: _____

Brief Position Description:

_____
Employer Name Signature Date

E-mail: _____ Phone: _____

Please return this completed form and attached position description to the student. Student will submit to International Student & Scholar Services for processing.

KANSAS STATE UNIVERSITY
International Student & Scholar Services

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