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.

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