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

***Note to Employer**: Please fill out this form in its entirety as all information is required to provide legal work authorization for student.* Curricular practical training i**s defined to be "alternative work/study, internship, cooperative education, or any other type of required internship or practicum that is offered by sponsoring employers through cooperative agreements with the school."**

Student Name: _____

Family Name First Name

Name of Company: _____

Company Address: _____

Provide the actual work site for the student if different from the main company address:

_____

Name of Supervisor: _____

Email: _____ Phone: _____

Dates of Employment: Start Date: _____ End Date: _____
(Dates from Advisor and Employer need to match)

Number of work hours per week: _____ Employment will be ☐ Paid or ☐ Unpaid

Position Title: _____

Please complete the following:

Student role: Describe role with employer and the integral nature of the experience.

Goals and objectives: Describe how this experience will help student achieve objectives related to program.

Measures and Assessments: Explain how the employer will monitor objectives are being met to fulfill course/program requirements.

The company will be cooperating with the school in achieving the curricular purposes of the employment/training.

_____

Employer Name (printed) Signature Date

_____

Title Email Phone

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