



# ITU

International Technological University

Mailing Address: 2010 El Camino Real, #852, Santa Clara, CA 95050, USA

Phone (888) 488-4968

www.itu.edu

Campus Location: 3120 Scott Blvd, Santa Clara, CA 95054, USA

## New Internship Provider Request and Evaluation Form

### Overview

This form is to be used to qualify any internship that has not been previously approved for this student. It must be signed by an Academic/Faculty Advisor before a student can begin an internship. The form includes an evaluation by a department chair or core faculty member of the university.

In order to qualify as a proper placement, internships must offer an opportunity to advance a student in his or her degree program through an appropriate experience. For students attending ITU on an F-1 student visa, they must also meet the standards to authorize Curricular Practical Training (CPT).

Internships must not be obtained for the sole purpose of earning money, nor can their objective only be for gaining work experience. Furthermore, an internship cannot result in the delay of a student making satisfactory academic progress in a graduate degree program. For students attending ITU on an F-1 student visa, the student will jeopardize his or her immigration status if an internship disrupts or otherwise delays a graduate program beyond the period indicated on page one of the student's I-20.

### **STEP 1 — Student section: Complete the information requested below**

Attach this form, your signed Offer Letter, and Cooperative Agreement to your "Submission Form".

**Student Information** Student ID #: \_\_\_\_\_ Program: \_\_\_\_\_

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Visa Type (if applicable): \_\_\_\_\_ SEVIS ID #: \_\_\_\_\_

Current Residential Address:

\_\_\_\_\_

Address

Apt. #

City

State

Zip Code

**Internship Information** Type:  Part-time (less than 20-hrs/week)  Full-time (21-40 hrs/week)

Name of Internship Provider: \_\_\_\_\_

Internship Provider's website address: \_\_\_\_\_

Internship Provider's EIN or E-Verify Number: \_\_\_\_\_

**The Internship Provider's Headquarters Where Will the Internship Take Place (if different)?**

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

Zip Code

\_\_\_\_\_

City

State

Zip Code

**For continuing F-1 Students - Please select one of the following methods to receive your updated I-20.**

In-person pick-up

Standard U.S. mail shipping

Express Shipping (fees will apply)



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<b>STEP 1 — Student section (continued): Complete the information requested below</b>	
<b>Description of Internship</b> (in 3-4 sentences, describe what tasks will you be doing for the provider)	
<b>Internship Goals &amp; Objectives</b> (list 3-4 educational objectives here that are confirmed in the offer letter)	
<p><b>Confirmation of terms and conditions by student</b></p> <p><i>To the best of my knowledge, I have fulfilled the eligibility requirements to participate in ITU's internship program. I understand that if have not met these requirements, I may be asked to take additional steps to fulfill those requirements or, in some cases, my application may be denied.</i></p> <p><i>I have read, understand, and agree to abide by ITU's internship policy. Furthermore, I understand and acknowledge that an approved internship will be reduced to part-time or canceled if my cumulative GPA falls below 3.0 or I earn a "No Pass (NP)" grade for INT 593, that my credits for INT 593 will be reduced or dropped and, if I hold an F-1 student visa, that I may need to enroll in another course to remain in full-time status.</i></p>	
_____	_____
Student's Signature	Date
<b>STEP 2 — Approval of Academic Support Services</b>	
<input type="checkbox"/> <b>1. - DOCUMENTATION</b> All required docs submitted/properly signed	<input type="checkbox"/> <b>6. — PROPER OFFER LETTER</b> Title, description, duties, address, hours, comp., EIN/EV #.
<input type="checkbox"/> <b>2. - ACADEMIC PROGRESS</b> Current cumulative GPA is 3.0 or higher	<input type="checkbox"/> <b>7. - POSITION OFFERED IS SUPPLEMENTAL</b> Offer letter confirms supplemental status
<input type="checkbox"/> <b>3. - FULL-TIME ENROLLMENT/VACATION</b> Enrolled full-time, Annual Vacation, or final term	<input type="checkbox"/> <b>8. — APPROPRIATE START AND END DATES:</b> Start date: _____ End date: _____
<input type="checkbox"/> <b>4. - PRIOR INTERNSHIPS</b> _____ credits of prior internships	<input type="checkbox"/> <b>9. VERIFICATION OF F-1 STATUS (by DSO)</b> Student has maintained F-1 status
<input type="checkbox"/> <b>5. - PRIOR GRADES IN INT 593</b> No recent "No Pass" grade in these classes	
Notes (exceptions, non F-1 students): _____	
_____	_____
Name of ITU staff member	Signature
	Date



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**STEP 3 — Evaluation and Approval of faculty advisor (department chair or core faculty)**

**Relationship between Internship & Student’s Graduate Program** (confirm and describe below)

An internship must advance the student in his/her graduate program in a specific and definable way, be an integral part of an established curriculum, and be directly related to the major area of study.

Students attending ITU on an F-1 student visa: Paid or unpaid internships for these students can only be allowed through approval of Curricular Practical Training (CPT).

*Employment/or the sole purpose of earning money/experience is an inappropriate use of CPT. Students must enroll in an approved internship class to qualify/or CPT. Other academic classes or “independent study” classes cannot be used to qualify for CPT.*

**CPT must not delay completion of any F-1 student’s graduate program.**

As the student’s Faculty Advisor, I hereby certify that I understand the eligibility requirements for CPT as outlined above, including those related to authorizing Curricular Practical Training (CPT). I understand that the requested internship must either be on ITU’s approved list or cleared through submission and approval of an Internship Evaluation Form.

To the best of my knowledge, all the information submitted by the student is accurate and correct. I have read the Offer Letter from the Internship Provider and I consider the opportunity offered to the student to be an integral part of the student’s curriculum.

\_\_\_\_\_

Name & Title of Faculty Advisor	Signature	Date
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**STEP 4 — Registrar's Office Approval**

**STEP 5 — Accounting Services Approval**

1. - ENROLLMENT

Enrolled in INT 593 for \_\_\_ credits

2. - TUITION/FEES BALANCE

All prior/current tuition/fees are paid

Name of R.O. Staff: \_\_\_\_\_

Name of Accounting Staff: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

Notes: \_\_\_\_\_

*After these steps, students will be contacted with instructions and, for F-1 students, notice of arrangements for their I-20.*