



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

Continuing Internship Provider Request Form

Overview

This form is to be used to qualify an internship previously approved for this student for another trimester. The form includes an evaluation by a department chair or core faculty member of the university if there have been any changes to the title or duties involved in the internship.

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 (20 or less 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 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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STEP 1 — Student section (continued): Complete the information requested below	
Description of Changes to Internship (in 3-4 sentences, describe what tasks will you be doing for the provider)	
New Internship Goals & Objectives (list 3-4 educational objectives here that are confirmed in the offer letter)	
<p>Confirmation of terms and conditions by student</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
STEP 2 — Approval of Academic Support Services	
<input type="checkbox"/> 1. - DOCUMENTATION All required docs submitted/properly signed	<input type="checkbox"/> 6. — PROPER OFFER LETTER Title, description, duties, address, hours, comp., EIN/EV #.
<input type="checkbox"/> 2. - ACADEMIC PROGRESS Current cumulative GPA is 3.0 or higher	<input type="checkbox"/> 7. - POSITION OFFERED IS SUPPLEMENTAL Offer letter confirms supplemental status
<input type="checkbox"/> 3. - FULL-TIME ENROLLMENT/VACATION Enrolled full-time, Annual Vacation, or final term	<input type="checkbox"/> 8. — APPROPRIATE START AND END DATES: Start date: _____ End date: _____
<input type="checkbox"/> 4. - PRIOR INTERNSHIPS _____ credits of prior internships	<input type="checkbox"/> 9. VERIFICATION OF F-1 STATUS (by DSO) Student has maintained F-1 status
<input type="checkbox"/> 5. - PRIOR GRADES IN INT 593 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 & Approval of faculty advisor (if there were changes to the internship)

Relationship between Internship Changes & 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 for the sole purpose of earning money/experience is an inappropriate use of CPT.

Students must enroll in an approved internship class to qualify for 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

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.