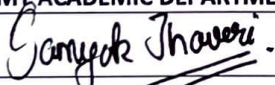


CPT APPLICATION REQUIREMENTS:

- ☐ Proof of Enrollment in CPT/Internship Course
☐ CPT Letter

Letter Requirements: Addressed to You (the student), Company Letterhead, Job Title, Job Description, Address of Employment, Specify if Work is Part-Time/Full-Time, Exact Start/End Date of Employment, Employer's Signature

SECTION ONE: COMPLETED BY STUDENT			
LAST NAME: JHAVERI		FIRST NAME: SAMYAK	
DATE OF BIRTH (MM/DD/YYYY): 08/27/1999		STUDENT ID NUMBER: 13043185	
UCI EMAIL ADDRESS: SAMYAKNJ@UCI.EDU		SEVIS ID: N N0031911366	
INTERNSHIP AND EMPLOYER INFORMATION			
START DATE (MM/DD/YYYY): 06/21/2022		END DATE (MM/DD/YYYY): 09/19/2022	
JOB TITLE: VISITING RESEARCH ASSISTANT		HOURS PER WEEK: <input type="checkbox"/> PART-TIME (20 HOURS OR LESS) <input checked="" type="checkbox"/> FULL-TIME (OVER 20 HOURS – SUMMER BREAK ONLY)	
COMPANY/EMPLOYER NAME:	UNIVERSITY OF SOUTHERN CALIFORNIA		
COMPANY/ EMPLOYER ADDRESS:	STREET ADDRESS: 4676 ADMIRALTY WAY, MARINA DEL RAY		
	CITY: LOS ANGELES	STATE: CALIFORNIA	ZIP CODE: 90292
ADDRESS OF EMPLOYMENT LOCATION: (IF DIFFERENT FROM COMPANY ADDRESS ABOVE)	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
INTERNSHIP SUPERVISOR'S NAME:	PROFESSOR SRIVATSAN RAVI		
INTERNSHIP SUPERVISOR'S PHONE NUMBER:	3108221511	INTERNSHIP SUPERVISOR'S EMAIL:	SRAVI@ISI.EDU
I HAVE READ THE REQUIREMENTS OF CPT AND CERTIFY THAT THE INTERNSHIP IS A REQUIREMENT FOR MY DEGREE OR A COURSE AS VERIFIED BY MY ACADEMIC DEPARTMENT.			
STUDENT'S SIGNATURE: 		DATE (MM/DD/YYYY):	

SECTION TWO: ACADEMIC DEPARTMENT VERIFICATION AND RECOMMENDATION (NOT TO BE COMPLETED BY STUDENT)	
BY SIGNING BELOW YOU ARE VERIFYING THAT THE STUDENT IS MAKING NORMATIVE PROGRESS IN THEIR ACADEMIC PROGRAM, AND THE WORK EXPERIENCE IS DIRECTLY RELATED TO THE STUDENT'S DEGREE.	
STUDENT'S EXPECTED GRADUATION DATE (QUARTER/YEAR):	STUDENT'S MAJOR/DEPARTMENT:
COURSE NAME/NUMBER:	ADVISOR'S/COUNSELOR'S NAME: Cristina Lopes
ADVISOR'S PHONE:	ADVISOR'S/COUNSELOR'S EMAIL: lopes@uci.edu
ADVISOR'S/COUNSELOR'S SIGNATURE: Cristina Videira Lopes <small>Digitally signed by Cristina Videira Lopes DN: cn=Cristina Videira Lopes, o=UCI, email=crista@uci.edu, c=US Date: 2022.05.30 14:52:10 -0700</small>	DATE (MM/DD/YYYY): 5/30/2022
COMMENTS (OPTIONAL):	