



ITU

International Technological University

2711 North First Street - San Jose, CA 95134

Phone (888) 488-4968

www.itu.edu

Internship Request Form

STEP 1 – Check one of the boxes below

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NEW REQUEST/NEW PROVIDER:

I am requesting a new internship with a provider that has not yet been approved by ITU. (*Note: Attach an Internship Evaluation Form*)

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NEW REQUEST/APPROVED PROVIDER:

I am requesting a new internship with a provider that has previously been approved by ITU.

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RENEWAL WITH SAME PROVIDER:

I am requesting an internship with the same provider as a previous internship approved for me by ITU.

STEP 2 – Complete the information requested below

This section will be completed by the student. When complete, attach this form, your signed Offer Letter, and the Internship Cooperation Agreement to your "Internship Processing Form".

Student Information

Student's Full Name and Birthdate: Kalya Archana Bhat 09/05/1990

First Trimester at ITU: Summer 2014 Mobile Phone #: (408) 455 2040

ITU Student ID #: 87271 E-mail Address: archibhat.k@gmail.com

Current Residential Address (any change in this address must be reported to ITU within 10 days):

950 Meridian avn 65 San Jose CA 95126

Address Apt. # City State Zip Code

Internship Information Part-time (under 20-hrs/week) or Full-time (20-40 hrs/week): 40 hrs/wk

The Address of the Internship Provider's Headquarters:

2300 East Lincoln Highway, Suite 314, Langhorne, PA 19047

Address Apt. # City State Zip Code

The Address Where the Internship Will Take Place (if different from above):

Address Apt. # City State Zip Code

Student's Signature

Archana.

08/04/2015

Date



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STEP 3 – Approval of ISO

<input type="checkbox"/> <u>1. - DOCUMENTATION</u> All required documents have been included with the student's internship request	<input type="checkbox"/> <u>6. - POSITION OFFERED IS SUPPLEMENTAL</u> Student's offer letter is consistent with current internship/CPT policy at ITU
<input type="checkbox"/> <u>2. - APPROPRIATE START/END DATES</u> Offer letter dates are within the trimester	<input type="checkbox"/> <u>7. - ACADEMIC PROGRESS</u> Current cumulative GPA is 3.0 or higher
<input type="checkbox"/> <u>3. - FULL-TIME ENROLLMENT/VACATION</u> Student is currently enrolled full-time at ITU OR has completed 3 consecutive terms at FT	<input type="checkbox"/> <u>8. - PRIOR GRADES IN GRN 900/INT 593</u> No prior "No Pass" grade in these classes
<input type="checkbox"/> <u>4. - PRIOR INTERNSHIPS</u> Student has completed _____ credits of prior internships (max limit=10 credits)	<input type="checkbox"/> <u>9. - APPROVAL (F-1 students)</u> No other issues preventing approval
<input type="checkbox"/> <u>5. - MAINTAINED F-1 STATUS</u> Student has maintained F-1 status	

Notes (exceptions, confirm referral for non F-1 students): _____

Name of ISO staff member

Signature

Date



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STEP 4 – Approval of faculty advisor

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 gaining 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 may not delay completion of an 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. 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 of Faculty Advisor

Signature

Date

This section may be signed by the chair, or a full-time faculty member in the student's graduate program. It may not be signed by an adjunct professor.

STEP 5 – Approval of the Registrar's Office

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1. - TUITION/FEES BALANCE

All prior/current tuition/fees are paid

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2. - ENROLLMENT

Enrolled in INT 593 for ____ credits

(Enrolled in CFL 591 class: Y __ N __)

Notes (exceptions, other notes): _____

Name of RO staff member

Signature

Date

After Step 5 is complete, students will be notified with instructions, including how their I-20 will be delivered for F-1 students.