

#### **International Technological University**

2711 North First Street - San Jose, CA 95134 Phone (888) 488-4968 www.itu.edu

# **Change of Internship Provider Request Form**

### Overview

This form is to be used to qualify a change in provider for a student already enrolled in an internship class. The form includes an evaluation by a department chair or core faculty member of the university. Students are limited to one internship provider at a time and one change per trimester.

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 #:		Pro	Program:				
Title: First Name:		Las	Last Name:				
Visa Type (if applicable):							
<b>Current Residential Add</b>	ress:						
Address	Apt.#	City	State	Zip Code			
Internship Information	Type:   Part-time (u	nder 20-hrs/	week) 🛭 Full-ti	me (21-40 hrs./week)			
Name of Internship Provider:							
Internship Provider's we	ebsite address:						
Internship Provider's Ell	ebsite address:						
Internship Provider's Ell	ebsite address: N or E-Verify Number: 's Headquarters:						
Internship Provider's Ell The Internship Provider	ebsite address: N or E-Verify Number: 's Headquarters:	Where Wil	I the Internship Ta				
The Internship Provider's EII  The Internship Provider  Address  City State	ebsite address: N or E-Verify Number: 's Headquarters:	Where Wil	I the Internship Ta  Address  ity State	ke Place (if different):			





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STEP 1 – Student section (continued): Complete the information requested below						
<b>Description of Changes to Internship</b> (in 3-4 sentences, describe what task will you be doing for the provider)						
New Internship Goals & Objectives (list 3-4 educational objectives that are confirmed in the offer letter)						
<u>Confi</u>	rmation of terms and conditions by student					
	best of my knowledge, I have fulfilled the eligibility requirements. I may be					
I understand that if I 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 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 cancelled 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 also confirm that all activity with the former internship provider has ended <u>as of the date below</u> . I also						
understand that if I hold an F-1 student visa any continued activity with the previous internship provider will violate ITU policy and risk the loss of my visa status.						
Previous Internship End Date:/						
Stude	Student's Signature Date					
	STEP 2 – Approval of Academ	ic Su				
	1 DOCUMENTATION  All required docs submitted/properly signed		4 APPROPRIATE START/END DATES Start:/ End://			
	2 POSITION OFFERED IS SUPPLEMENTAL Offer letter confirms supplemental status		5 FULL-TIME ENROLLMENT/VACATION Enrolled full-time, Annual Vacation, or final term			
	3. – PROPER OFFER LETTER		6 VERIFICATION OF F-1 STATUS (by DSO)			
	Title, description, duties, address, hrs., comp., EIN/EV #.		Student has maintained F-1 status			
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)					
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·	nt in his/her graduate program in a specific and culum, and be directly related to the major are	•			
Students attending ITU on an F-1 stude be allowed through approval of Curricu	nt visa: Paid or unpaid internships for these sular Practical Training (CPT).	tudents can only			
☐ Employment for the sole purpos	e of gaining money/experience is an inappro	priate use of CPT.			
<ul> <li>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.</li> </ul>					
☐ CPT must not delay completion	of an F-1 student's graduate program.				
as outlined above, including those rela	by certify that I understand the eligibility requited to authorizing Curricular Practical Training hip must either be on ITU's approved list or cle	(CPT). I			
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			

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

