ACADEMIC ADVISOR/DEPARTMENTAL LETTER
(must be printed on the official departmental letterhead)

Graduate students: this form letter must be completed and signed by the academic advisor and co-signed by the graduate faculty member identified as the departmental graduate advisor, or the department chair. (Some departments may have their own form letter verifying eligibility for an internship.)

Undergraduate students: this form letter must be completed and signed by the academic advisor.

To: International Students and Scholars Center
RE: Internship Requirement details for _____________________________________________________________

Student Name (please print) ASU ID #

This letter is to verify the following information:
- That the student is in good academic standing, and is meeting departmental expectations;
- That the Curricular Practical Training is an invariable, non-waivable requirement for all degree candidates or that it is a degree requirement (in the degree plan, a planned option and not added on in addition to academic requirements) for the individual student's academic program;
- That the Academic Advisor has met with the student to establish specific course objectives the student will be expected to achieve during the training;
- That this period of training fulfills the student's internship requirement as indicated in the POS/DARS;
- That there is an understanding between the employer and the department about the course objectives, and an understanding that the employment will be done in satisfaction of degree requirements at Arizona State University;
- That this internship is not going to be extended.

Remaining requirements in the student's degree program after completing this internship:
(please indicate catalog names and course numbers)______________________________________________

Expected date of degree completion: ____________________________ (Month/Year)
The catalog name and course number of the ASU course for which the student will be earning internship credit:

________________________________________________________
The total number of hours the student will register for at Arizona State University in the semester during which they will be performing the training: _____
The name of the Arizona State University faculty member monitoring the student's progress:

________________________________________________________________________
The name of the company/institution where the student will work:
________________________________________________________________________
The exact dates (beginning and ending) of the training period:
________________________________________________________________________ (from MM/DD/YYYY to MM/DD/YYYY)

*Note: For undergraduate students, DARS page showing internship requirement must be initialed by an academic advisor.

Academic Advisor’s Signature  Academic Advisor’s Name
Title  Telephone #  Date (MM/DD/YYYY)

Departmental Graduate Advisor or Department Chair Signature  Name
(required for graduate students only)
Title  Telephone #  Date (MM/DD/YYYY)

Department Stamp (if the department does not have a stamp, please attach business cards of the signers)
S:\ISSC Forms\Website Only\CPT Academic advisor departmental letter - Rev. 11.1.15