ASU International Students and Scholars Center
Arizona State University

CPT Employer Information Sheet

This internship information is for: _____
Student's First Name **Student's Last Name**

Employer Information

Company's name (as it appears on I-9 if necessary): _____

Company address *Note: For an in-person internship, please use the full physical address of the office/branch at which the student works. For remote internship, please provide the full physical address of the office/branch which will supervise the student. When a third party is involved, provide the physical address of the I-9 employer. Due to the regulations, please use the street address, not PO Box.*

_____
Street # and Name Suite # City State Zip

Is the internship being performed virtually at a **remote location**? Yes ☐ No ☐

Does this internship get supervised by a **third-party company**? Yes ☐ No ☐

If yes, provide the information below:

Name of third-party company _____

Physical Address _____
Street # and Name Suite # City State Zip

Job Information

Student's Job Title: _____

Student's Main Duties:

Start Date: _____ (MM/DD/YYYY) End Date: _____ (MM/DD/YYYY)

Number of hours to be worked per week: _____

The information above is correct within my knowledge.

Official company representative name (please print): _____

Official company representative's signature _____ Date _____(MM/DD/YYYY)