



Mid Florida Technological Institute

F-1 Student Curricular Practical Training Request and Recommendation

Complete this form and submit to your International Student Advisor or the Designated School Official, along with the appropriate supporting documentation, for review and approval in order for a Form I-20 authorizing employment through Curricular Practical Training to be issued.

A. Student Information

Student Last / Family Name (printed) _____ Student First Name (printed) _____

Student SEVIS ID Number _____ Student MFTI ID Number _____ Program Completion Date _____

U.S. Address _____ City / State / ZIP Code _____

U.S. Telephone Number _____ Email _____

B. Curricular Practical Training Coursework

Curricular Practical Training may only be authorized while you are enrolled in appropriate coursework that has an applicable internship experience as a part of the course curriculum and if such coursework is applicable to your degree program. Please check the appropriate course(s) below for which you are enrolled and seeking Curricular Practical Training approval.

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> INT491 | <input type="checkbox"/> INT580 |
| <input type="checkbox"/> INT492 | <input type="checkbox"/> INT585 |

C. Curricular Practical Training Period Requested

<input type="checkbox"/> August 2018 Session (Aug 13-Oct 12)	<input type="checkbox"/> October 2018 Session (Oct 22-Dec 22)	<input type="checkbox"/> January 2019 Session (Jan 8-Mar 1)
<input type="checkbox"/> March 2019 Session (Mar 11-May 17)	<input type="checkbox"/> June 2019 Session (June 3-Aug 9)	

D. Employer Information

Please provide the name and address for the employer at which you are planning on completing your internship.

Supervisor: _____

Address: _____

Telephone: _____

Email: _____

E. Course Instructor Review

Please take this form to your course instructor(s) indicated above for review and signature.

I hereby certify that I am the course instructor for the course(s) indicated above offered in the term(s) indicated above and that the student indicated above is enrolled in this/these course(s). I confirm that the employer is appropriate for the student indicated above to work with to complete his/her internship and course requirements and that the appropriate internship agreement documentation has been completed by the employer and Mid Florida Technological Institute.

Course Instructor Signature

Course Instructor Name

Date

F. Administration International Advisor Review

Please take this form to your International Advisor for review and signature.

I hereby certify that the courses indicated above are applicable to the degree program in which the student indicated above is currently enrolled.

International Advisor Signature

International Advisor Name

Date

G. Student Certification and Signature

I hereby certify that I understand that submission of this request is no guarantee of an approval for employment authorization through Curricular Practical Training. I understand that if Curricular Practical Training is approved, I may not engage in any employment beyond the period approved or with a different employer or my F-1 visa status will be terminated.

I understand that until such approval and an updated Form I-20 is received, I cannot engage in any employment, unless the employment has been authorized under different F-1 visa benefits, or my F-1 visa status will be terminated.

Student Signature

Date

This Section for Use By Designated School Official Only

I have reviewed this request, all supporting documentation and student eligibility requirements and hereby have made the decision below regarding the request for the issuing of a Form I-20 for Curricular Practical Training for the student noted above.

I understand that this decision does not constitute final approval of the request and that such final approval, if granted, will be provided in the form of an updated Form I-20 authorizing this request.

Application Accepted

Application Denied – Reason for Denial: _____

Designated School Official Signature

Designated School Official Name

Date