

INTERNSHIP REQUEST / APPROVAL FORM

Step 1 – Check one of the boxes below:

- New Request / New Provider
 - I am requesting a new internship with a provider that has not yet been approved by Sofia University, Office of Academic Affairs.
- Renewal with Same Provide
 - I am requesting an internship with the same provider as a previous internship approved for me by Sofia University, Office of Academic Affairs.

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 Cooperative Agreement** and email them to internships@sofia.edu. – Subject of the email: Internship Request – Your ID#

Student Information

Student's name: _____ Student ID#: _____
First quarter at Sofia University: _____ Birthday: _____
Phone: _____ Email Address: _____
Address: _____

Internship Information

- Part-time (20 hours or less / week)
- Full-time (21 – 40 hours / week)

Name of the Internship Provider:

The address of the Internship Provider:

Student's signature: _____ Date: _____

FOR OFFICE USE ONLY

Step 3 – Approval of faculty advisor / Academic Affairs Department

This section may be signed by the chair or a core faculty member in the student's graduate program only.

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.

<http://www.ice.gov/sevis/practical-training>

Students attending Sofia University on 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
- CPT may not delay completion of an F-1 student's graduate program.

As the student's Faculty Advisor and a member of Academic Affairs Department at Sofia University, I hereby certify that I understand the eligibility requirements for CPT as outlined above.

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.

Notes (Explanations, other notes): _____

Name of the Faculty Advisor: _____

Signature of the Faculty Advisor: _____

Date: _____

Step 4 – Approval of Registrar's Office

- ENROLLMENT
 - Student is registered full time and is eligible for CPT
 - Student is registered part time and is eligible for CPT
 - Student is on a semester break and is eligible for CPT
 - Student is NOT eligible for CPT

Step 4 – Approval of Accounting Office

- Tuition Paid
 - In full
 - Installment Plan (First payment made)