Northwest Nazarene University

Advisor Verification Form – Curricular Practical Training

To the advisor: The international student named below wishes to be authorized for an off campus training opportunity as allowed by the Department of Homeland Security. Before such employment can be authorized, we must establish that the work the student will be doing provides experience which supplements the academic program of study in a meaningful way. As the student’s academic advisor, it is your responsibility to confirm that the credit awarded for this internship will a) count toward the requirements for degree completion or b) that the experience is sufficiently valuable to the student’s academic and professional goals that it merits an exception to the requirement of degree-applicable credit; that it is directly related to the student’s field of study, and that it is an *integral* part of the student’s degree program. If you have any questions about doing so, please contact the Registrar at 467-8542.

Please verify to the best of your ability:

The student’s expected date of degree completion: Click here to enter a date.

The employment is (please check one):

 [ ]  A required internship

[ ]  An optional internship (Number of credits student will receive: **Click here to enter text.The credits will count as elective credit toward the student’s degree.)**

[ ]  An optional internship (Number of credits student will receive: Click here to enter text. **The internship will provide a valuable training experience which significantly augments the student’s academic program.)**

Advisor’s name: Click here to enter text. Advisor’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

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**Students, please provide the following information:**

Name: Click here to enter text. NNU ID Number: Click here to enter text.

Employing Organization: Click here to enter text.

Location of Employment: Street Address Click here to enter text.

 City Click here to enter text. State Click here to enter text. Zip Code Click here to enter text.

Employment start date: Click here to enter a date. Employment end date: Click here to enter a date.

Approximate number of hours you expect to work each week: Click here to enter text.

Please note, employment up to 20 hours/week is considered **part time**; 21 hours or more is considered **full time**.

I have read and understand the Curricular Practical Training guidelines. I understand that working the equivalent of 12 months on a full-time basis using CPT will cause me to forfeit my OPT, and that I must request an extension of by CPT authorization in a timely manner prior to the expiration of my current authorization or cease working until the new authorization is approved.

Student signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.