

CURRICULAR PRACTICAL TRAINING FOR F-1 STUDENT VISA HOLDERS

Student Name: _____ SAGE ID # _____
Phone Number: _____ Email _____

Have you been enrolled full-time for the last 2 academic semesters? (please circle) YES NO

Proposed Employment Dates: FROM ____ / ____ / ____ TO ____ / ____ / ____
mm dd yyyy mm dd yyyy

Check One: Part-time (20 hours or less per week)
 Full-Time

Have you registered for the internship course? (SID and Coexistence Program can leave this blank) YES NO
Course Number _____ Title _____

ACADEMIC ADVISOR AUTHORIZATION: to be completed by Brandeis University Faculty or Staff

Heller: MA students – consult with Cristina Espinosa or Cara King-Anderson (required for SID second year project)

IBS: to be completed by Karen Muise

Coexistence Program: to be completed by Mari Fitzduff or Anne Gudaitis

Undergraduate Summer Internship 92g course: requires signed “Internship Learning Agreement” form to be completed by Jessica Paquin, Academic Internships Administrator, Office of the Dean of Arts and Sciences

Unless specified above, please have your Faculty Advisor for the internship course complete the recommendation.

Student is expected to complete the degree program (including thesis or dissertation) by: ____ / ____ / ____
mm dd yyyy

How will the student’s work be evaluated for academic credit?

When will the student need to submit materials in order to complete the academic component of the work?

** Please attach a copy of the approved internship proposal or second year project form as appropriate **

Please check one:

A course offered in the Brandeis University course bulletin for which the student will earn academic credit.
Course # _____ Title _____
This course is (circle one): Mandatory / Elective for ____ credits
Name of the course instructor: _____

A Brandeis University required practicum or internship project
To fulfill the degree requirement for a major in _____

Does the proposed practicum or internship project include an appropriate faculty supervisor and study plan to meet the degree requirement? (circle one) YES NO

Advisor’s Signature: _____ Date: _____

Printed Name: _____ Department: _____

Title: _____ Extension: _____