

## Program of Study: **BBA**

Office Use Only: Date Received: _	
Date Completed:	

## **Employer Internship Course Learning Outcomes Verification Form**

Student Name	Student ID#	
Current Semester	Session	Year
Company Name:		
Supervisor Name	Supervisor Title	
Supervisor Email	Supervisor Phone	
CPT Position Title:	Start Date:	End Date (if applicable)
any other type of required internship or pra agreements with the school." An F-1 stude training program that is "an integral part of major area of study." "A student may begin with the P/DSO endorsement". [(8 CFR 21-4) Therefore, by checking all the applicable of internship/employment is integral to the student student internship/employment is integral to the student student internship/employment is integral to the student integral to the student internship integral to the student integral int	acticum which is offered been may be authorized by the fan established curriculum of an established curriculum (4.2(f)(10)(i)]  Course Learning Outcomes and (CLOs):  Authorized (CLOs):  Avarious career possibilities.  As you an opportunity to lear of the established context.  A your portfolio or resume we estudent, and can lead to encow the student's work expectable.	rn those disciplines, skills and attitudes which teamwork, responsibility, and initiative.
Employer Authorized Signature	Print Name and Title	e Date