



**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):** \_\_\_\_\_

*Curricular Practical Training (CPT)* is defined as “alternative work/study, internship, cooperative education, or any other type of required internship or practicum which is offered by sponsoring employers through cooperative agreements with the school.” An F-1 student may be authorized by the DSO to participate in a curricular practical training program that is “an integral part of an established curriculum and/or is directly related to the student’s major area of study.” “A student may begin curricular practical training only after receiving his or her Form I-20 with the P/DSO endorsement”. [(8 CFR 214.2(f)(10)(i)]

Therefore, by checking all the applicable Course Learning Outcomes (CLOs), employers agree that the student’s internship/employment is integral to the student’s internship course and learning outcomes.

**INT 501 Graduate Internship CLOs**

- Explore various career possibilities.
- Combine classroom knowledge with an opportunity to learn those disciplines, skills and attitudes which can best be learned on the job; such as: self-discipline, teamwork, responsibility, and initiative.
- Develop practical skills in a real-world context.
- Enhance a portfolio or resume with practical experience and projects.
- Cultivate a learning experience, which can lead to entry level job opportunities within the workforce.

Please write 3-5 sentences explaining how the student’s work experience will contribute to the CLOs. Thank you for describing the integral role this work experience will have in the student’s academic and professional development.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employer Authorized Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date