

Complete this form and submit to your International Student Advisor, along with the appropriate supporting documentation, for review and approval in order for a Form I-20 authorizing employment through Curricular Practical Training to be issued.

F-1 visa students must have studied at DeVry University for at least two full semesters while maintaining F-1 visa status before qualifying for Curricular Practical Training.

A. Student Information

Student Last/Family Name (printed)

Student First Name (printed)

Student SEVIS ID Number

Student DSI Number

B. Curricular Practical Training Coursework

Curricular Practical Training may only be authorized while you are enrolled in appropriate coursework that has an applicable internship experience as a part of the course curriculum and if such coursework is applicable to your degree program. Please check the appropriate course(s) below for which you are enrolled and seeking Curricular Practical Training approval.

- | | |
|--|---|
| <input type="checkbox"/> BMET 453 – Biomedical Engineering Technology Professional Topics | <input type="checkbox"/> BMET 454 – Biomedical Engineering Technology Internship |
| <input type="checkbox"/> HIT 272 – Health Information Practicum Capstone | <input type="checkbox"/> INTP 491 – Internship I |
| <input type="checkbox"/> INTP 492 – Internship II | <input type="checkbox"/> INTP 585 – Graduate Internship |

C. Curricular Practical Training Period Requested

Curricular Practical Training may only be authorized for the duration of the term(s) in which you are enrolled in the applicable coursework indicated above. Please check the appropriate term(s) below for which you are enrolled in the coursework indicated above.

- | | | |
|---|--|---|
| <input type="checkbox"/> July Term 2013
(July 8 – Sept. 1, 2013) | <input type="checkbox"/> September Term 2013
(Sept. 2 – Oct. 27, 2013) | <input type="checkbox"/> November Term 2013
(Oct. 28 – Dec. 22, 2013) |
| <input type="checkbox"/> January Term 2014
(Jan. 6 – March 2, 2014) | <input type="checkbox"/> March Term 2014
(March 3, - April 27, 2014) | <input type="checkbox"/> May Term 2014
(May 5 – June 29, 2014) |

D. Employer Information

Please provide the name and address for the employer at which you are planning on completing your internship.

Employer Name: _____

Employer Address _____

Student Name

Student ID Number

E. Course Instructor Review

Please take this form to your course instructor(s) indicated above for review and signature.

I hereby certify that I am the course instructor for the course(s) indicated above offered in the term(s) indicated above and that the student indicated above is enrolled in this/these course(s). I confirm that the employer is appropriate for the student indicated above to work with to complete his/her internship and course requirements and that the appropriate internship agreement documentation has been completed by the employer and DeVry University.

Course Instructor Name (printed)

Course Instructor Signature

Date

F. Student Success Coach/Student Support Advisor Review

Please take this form to your Student Success Coach or Student Support Advisor for review and signature.

I hereby certify that the courses indicated above are applicable to the degree program in which the student indicated above is currently enrolled.

Student Success Coach/Student Support Advisor Name (printed)

Student Success Coach/Student Support Advisor Signature

Date

Student Name

Student ID Number

G. Student Certification and Signature

I hereby certify that I understand that submission of this request is no guarantee of an approval for employment authorization through Curricular Practical Training. I understand that if Curricular Practical Training is approved, I may not engage of more than 20 hours of employment each week for the period approved or engage in any employment beyond the period approved or my F-1 visa status will be terminated.

I understand that until such approval and updated Form I-20 is received, I cannot engage in any employment, unless the employment has been authorized under different F-1 visa benefits, or my F-1 visa status will be terminated.

Student Signature

Date

This Section for Use By International Student Advisors Only

I have reviewed this request, all supporting documentation and student eligibility requirements and hereby have made the decision below regarding the request for Curricular Practical Training for the student noted above.

I understand that this decision does not constitute final approval of the request and that such final approval, if granted, will be provided in the form of an updated Form I-20 authorizing this request.

Application Accepted

Application Denied – Reason for Denial:

International Student Advisor Name (printed)

International Student Advisor Signature

Date