



The deadline to submit this form is the last day of classes during the semester prior to your internship. You must allow up to one week before your intended employment start date for the ISSO to process your application. Extenuating circumstances must be discussed with ISSO staff prior to the deadline.

STUDENT INFORMATION

Student Name (as it appears in passport):
Student ID#: Email: Phone:
Graduate Program: Anticipated Year of Graduation:
List any previous dates of CPT:

EMPLOYER INFORMATION

Employer's Name:
Employer's Address:
Internship Job Title:
Start Date: End Date: Hours per week:

PLEASE attach the employer's offer letter to this application.

An offer letter must include the following information:

- Your full name
Position title
Brief description of role
Number of hours per week expected
Company/organization name
Contact information for internship supervisor
Physical address where internship will take place
Dates of employment

CURRICULAR JUSTIFICATION

How is this internship integral to your curriculum? Please select one:

- This internship will fulfill one of my required field placements for the School for Social Work.
This internship is a required practicum for a course in my graduate program.
I will register for a Special Studies which requires this internship in order to complete.

**Please note: All Special Studies require completion of "Educational Plan for CPT" Addendum.

PLEASE COMPLETE PAGE 2 ->

Please explain how this internship is directly related to your academic major course of study.

Three horizontal lines for writing justification.

STUDENT & FACULTY SPONSOR CERTIFICATIONS

I, _____, understand that my internship must be an integral part of an established curriculum at Smith College. I have or will register for the required coursework, at latest, by the add/drop deadline for the relevant semester. I understand that I will not be eligible to transfer my visa to another institution until this coursework is complete, nor will I be eligible for any other off-campus work authorization. **Failure to complete this coursework for CPT is a violation of my immigration status and the Smith honor code, and I understand that such failure may result in the termination of my visa.** If I do not complete the required coursework, I will not be allowed to apply for CPT again while at Smith College, and I may also be held accountable to the college judicial processes.

Student's Signature _____ Date _____

As a faculty sponsor, I understand that the above student must complete the above selected academic curriculum that incorporates the work of the internship into an academic course. By signing, I certify that this internship relates to the student's major course of study at Smith, and that I am involved and supportive of the student's selection above and involved in some capacity in the internship stated.

Faculty Sponsor's Signature _____ Date _____



COURSE INFORMATION

Title of Special Study/Thesis: _____

Department: _____ Course number: _____ Number of Credits: _____

Semester to be completed: Fall: _____ Spring: _____

Name of Faculty Sponsor: _____ Email: _____

Department: _____ Phone: _____

COURSE-WORK DESCRIPTION

Please describe your proposed course-work, project, or paper that you will complete for credit as a Special Studies or otherwise. Your description should illustrate how your internship/practicum is integral to the academic work required for this coursework.

STUDENT & FACULTY SPONSOR CERTIFICATIONS

*I, _____, understand that, following my internship, I must complete the Special Studies or Thesis Research project described above with my faculty sponsor. I will register for the required coursework, at latest, by the add/drop deadline for the relevant semester. I understand that I will not be eligible to transfer my visa to another institution until this credited course is complete, nor will I be eligible for any other off-campus work authorization. **Failure to complete this credited course after participating in CPT is a violation of my immigration status and the Smith honor code, and I understand that such failure may result in the termination of my visa.** If I do not complete the required coursework, I will not be allowed to apply for CPT again while at Smith College, and I may also be held accountable to the college judicial processes.*

Student's Signature _____ **Date** _____

As a faculty sponsor, I understand that the above student must complete a credited project that incorporates the work of the internship into an academic course. The number of credits is determined by the department, based on the level of work to be completed by this student. By signing, I certify that I am willing to support the student in the above course during the semester and on the topic stated, and that this internship relates to the student's course of study at Smith.

Faculty Sponsor's Signature _____ **Date** _____