

**UNIVERSITY OF TEXAS AT BROWNSVILLE AND TEXAS SOUTHMOST COLLEGE
INTERNATIONAL STUDENT SERVICES**

***CURRICULAR PRACTICAL TRAINING THROUGH A REQUIRED INTERNSHIP OR
PRACTICUM***

General Information (To Be Completed By Student)

Student Name _____ ID # _____

Classification: ___ Undergraduate ___ Graduate Major _____

1. Do you have an RA or TA? ___ Yes ___ No
2. Do you have any other on-campus employment? ___ Yes ___ No
Hours work/week: _____
3. What kind of work authorization are you seeking (check one only)
___ Part-time Curricular Practical Training (20 hrs/wk or less)
___ Full-time Curricular Practical Training (21 hrs/wk or more)
4. When do you expect to complete all course work for your current degree program? _____
5. How many hours do you intend to carry this semester? _____

ACADEMIC CERTIFICATION

Dear Dean or Academic Advisor,

Please complete the following information so we can assist the above named student in applying for work authorization based on Curricular Practical Training Program through a Required Internship or Practicum.

1. Is the proposed employment an integral part of the establish program? _____
2. Semester (s) for which the training will apply _____

Please note: Even if you grant permission for the student in more than one semester of practical training, the student will still need to receive work authorization form from an International Student Counselor each semester.

3. Please list course and course number through which the practical training is offered

Course title _____ Course number: _____

Name _____ Title _____

Signature _____ Date: _____

Email _____ Phone _____