



CURRICULAR PRACTICAL TRAINING APPLICATION
INTERNATIONAL STUDENT AND FACULTY OFFICE
NORTHERN ILLINOIS UNIVERSITY



Family Name		First Name		Middle Name	
Date of Birth	Degree Pursuing	Major Field of Study			
Describe the proposed employment for practical training (please mark):					
	To gain practical training in my field of study				
	To satisfy academic requirement of internship				
	Other (please specify)				
Beginning Date	Ending Date	Number of Hours per Week			
		Part-time up to 20 hours		Full-time	
List all periods of previously authorized employment for practical training:					
Curricular Practical Training			Post Completion Optional Practical Training or Others		
Student Signature				Date	
Local Address					
Phone Number			Email Address		
	Please mark if an employment letter from the employer on letterhead with complete address is attached.				
ACADEMIC ADVISOR					
As the academic advisor of the student above mentioned, I support the student's request for the curricular practical training on the basis of following reason (please mark):					
	This training is in the field of study of the student.				
	This training is part of academic requirements in the field of study of the student.				
	Other (Please specify.)				
Remarks					
Advisor's Name			Signature		

