International Student Internship Approval Form

A. This section is to be completed by the student.

Family Name _________________________ First Name _________________________

RAM ID# _________________________ E-Mail _________________________

Field of Study _________________________ Visa Type___

I am requesting approval for the following internship:

________________________________________________________________________

Internship Start Date _________________________ Internship End Date _________________________

☐ Paid Internship
☐ Unpaid Internship

Student's Signature _________________________ Date _________________________

B. This section is to be completed by the department chair, academic advisor, or program coordinator.

The above-named student is requesting to participate in the internship mentioned above. In order to issue a recommendation, we are required to obtain the following information as well as:

- Offer Letter of Employment on company letterhead.
- The Academic Advisor’s recommendation letter on department letterhead
- Completed sections A and B on International Student Internship Approval form

Please verify the following three statements are accurate by checking them:

☐ The student is expected to complete his/her degree requirements by (mm/dd/yy) _________________________.

☐ The student is in good academic standing and is making normal progress toward degree completion.

☐ The proposed employment is related to the student’s field of study and is commensurate to the level of study.

The student is expected to earn _____ credits for course number_____________________.

Academic Advisor’s Signature _________________________ Date _________________________

C. Approval by the Office of International Education and Programs

I acknowledge that I have verified all the required documents – official transcript, paid receipt from student accounts, class schedule, updated resume, I-20 documents (if applicable) of the students and approve the above student to participate in the Internship Program specified in Section A.

Kathie Conarck’s Signature _________________________ Date _________________________

Return completed form to:

Office of International Education and Programs
Kathie Conarck, Associate Director
Farmingdale State College
Laffin Hall Room 302
Phone: 631-420-2460
Kathie.Conarck@farmingdale.edu