



Student's name: _____

Advisor's name: _____ Advisor's phone: _____

Advisor's email: _____

Students: Please provide this information for your advisor.

Proposed employer: _____

Description of job duties: _____

Advisor: Your student is applying for authorization to engage in an internship/practicum, or related employment work off-campus. **Please complete this form for the Designated Student Officer (DSO) so we can determine your student's eligibility for the authorization. Please discuss the proposed employment with your student, then:**

- 1. Fill in the student's expected completion date.**
- 2. Complete the one statement that best fits your student's situation.**
- 3. Sign the bottom of the form.**

Student's expected graduation: Term _____ Year _____

Chose one:

A. This student's program, _____, requires completion of an internship, practicum, or project. This requirement is clearly stated in the program description for the major and this proposed work experience will satisfy the requirement. This student is enrolled/will enroll in _____ internship/project credit hours. Course number and title: _____.

B. This student's program, _____, does not require an internship but the department offers internship credit as an elective. This student is enrolled/will enroll in _____ internship credit hours. Course number and title: _____. Note that a student may enroll in an internship for 0 credit hours, when offered by a department, for only two semesters/terms.

C. This student is enrolled/will enroll in course number and title: _____. **Work experience is an integral component of the class and all students are offered the option of satisfying a class requirement through employment.** Describe the course requirement that will be met by the student's proposed employment:

D. The student's program, _____, does not require an internship and the department does not offer internship credit. The department recognizes work experience as integral to the student's education at FSU. I confirm that the proposed employment is directly related to the student's field of study and is consistent with the objective of his/her curriculum. I recommend this student for enrollment in the Experiential Recognition Program (ERP) course offered by the Career Center. The DSO will authorize CPT employment through ERP one semester at a time, two times maximum.



FLORIDA STATE UNIVERSITY
PANAMA CITY

**Academic Advisor Application
Form for Students in Courses**

FSU Panama City

Note:

- **Employment cannot begin before the student has obtained authorization from the DSO.** Work without authorization result in a termination of the student's immigration record.
- The DSO issues work authorization for no longer than one semester at a time and enrollment must be required along with work authorization unless stated in program description. Continued employment, when necessary, requires a new application.

By signing, I confirm that the student's participation in the proposed internship/work opportunity will not delay completion of the student's degree.

Name of Academic Advisor/Internship Director

Email

Signature of Academic Advisor/Internship Director:

Date

Submit all forms to the Designated Student Official (DSO), Irvin Clark, EdD, iclark2@pc.fsu.edu (850) 770- 2101
Office of the Dean • Holley A-311-C • 4750 Collegiate Drive • Panama City • Florida • 32405-1099