



FLORIDA STATE UNIVERSITY
PANAMA CITY

**Curricular Practical Training
Employer Verification Form
FSU Panama City**

Student's Full Name: _____

Prior to engaging in employment or an internship, this student requires authorization from Florida State University's Designated Student Officer (DSO). Please provide the information below so that we can evaluate the student's eligibility and have the details required for an authorization.

When authorization is granted, the DSO will notify the employer via email to the address in the signature box below. The student may only engage in the employment/internship during the dates authorized on Page 2 of the student's I-20 Certificate of Eligibility for Nonimmigrant Student Status.

Company Name: _____
Physical Address: _____

Employment Information

Proposed Position Title: _____
Position Description and Duties:
Proposed start date of employment: _____ End date of employment: _____
Hours per week: _____
Paid: Yes No

The employer agrees to cooperate with the school in achieving the curricular purposes of the employment/training. I confirm that the information provided on this form is true and accurate and I understand that the student requires authorization prior to beginning employment/internship.
Supervisor or HR Representative: _____ Title: _____
Phone Number: _____ Email: _____
Signature: _____

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