BELCROFT UNIVERSITY

Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759

admissions@belcroftuniversity.com

+1 (813) 772-3772

Internship Authorization Request Form

To obtain internship authorization at Belcroft University, F-1 students must maintain a valid visa status and be actively enrolled in an academic program. The proposed internship must directly align with the student's major field of study and actively support their core educational objectives.

F-1 visa holders must complete this form to secure work authorization through Curricular Practical Training (CPT). You must not begin working until you receive official approval from your internship class instructor.

Student Information

Student ID Number	
Student Name (First - Middle - Last)	
Email Address	
Degree Level	☐ PhD ☐ Dental ☐ Master's
Major	
SEVIS ID Number	
Current F-1 Status	☐ Active ☐ Initial ☐ Other

Note: Students applying for an internship must generally complete all prior coursework before becoming eligible, unless an approved exception applies.

Course Information

Internship Course Number	
Term of Course Enrollment	☐ Fall ☐ Spring ☐ Summer
Number of Credit Hours Earned Upon Completion	
Professor Name	
Professor Email	

Internship Offer Information

Offer Letter Attached	☐ Yes ☐ No
Position Title	
Description of Position	
Relation to Major	

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Enrollment Requirement Acknowledgment

☐ I understand that I must maintain the required number of in-person credits while participating in CPT.

Internship / Training / Practicum Site Information

Your Current Location	
Employer/Training Site Location	
Employment Type	☐ On-Site ☐ Remote ☐ Hybrid
Company/Training Site Name and Address	
Hours Per Week	

Note: Students enrolled in an internship course as full-time study during a regular CPT semester are generally limited to a maximum of 20 hours of work per week (part-time), unless otherwise permitted.

CPT Authorization Dates

Requested Start Date	/ /
Requested End Date	/ /

Important: CPT dates must fall within the semester in which the CPT course is taken. Students may not begin employment until CPT authorization is approved and reflected on an updated Form I-20.

Student Certification

I understand that:

- I must receive a CPT-authorized Form I-20 before beginning any work, internship, practicum, or training activity.
- CPT authorization is employer-specific and date-specific.
- Any change in employer, location, job duties, or employment dates requires new CPT authorization.
- My internship, practicum, or training must be directly related to my major field of study.
- I may have tax obligations associated with internship earnings.
- Failure to comply with CPT regulations may result in a violation of my F-1 status.

Student Signature _____ **Date** ____ / ____ / _____

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Academic Advisor Approval

Internship is directly related to the student's major field of study	☐ Yes ☐ No
Internship is an integral part of the student's academic program	☐ Yes ☐ No
Student is eligible for course enrollment associated with CPT	☐ Yes ☐ No
Advisor Name	
Advisor Email	
Advisor Signature	
Date	/ /

Comments:

DSO/PDSO Review (Office Use Only)

Student maintains valid F-1 status	☐ Yes ☐ No
Student has met CPT eligibility requirements	☐ Yes ☐ No
Required documents received and reviewed	☐ Yes ☐ No
Academic Advisor approval received	☐ Yes ☐ No
CPT Authorization Approved	☐ Yes ☐ No
Authorized Employer	
Authorized Start Date	/ /
Authorized End Date	/ /
CPT Type	
SEVIS Updated	☐ Yes ☐ No Date of Update: ____ / ____ / ___

Comments:

DSO/PDSO Name _____

DSO/PDSO Signature _____ **Date** ____ / ____ / _____