

Curricular Practical Training Verification



UNIVERSITY OF
MARYLAND
ROBERT H. SMITH
SCHOOL OF BUSINESS

REQUIRED for student requesting permission to enroll in BMGT099. Complete form with original signatures needed for registration.

ABOUT YOU

Last Name: _____ First Name: _____ UID: _____

Expected Graduation: (MM/YY) ____/____ Degree: _____

ABOUT YOUR INTERNSHIP

Employer (Organization) Name: _____

Supervisor Name/Title: _____

Supervisor Phone # and Email: _____

Employer Mailing Address (if different from Internship Work Site Address): _____

Internship Length (in weeks): _____

Expected number of work hours (per week): _____

Please confirm the following regarding your internship for Curricular Practical Training authorization.

The internship is: Yes No

1. professional-level employment.
2. fulfills the curricular requirement for the BMGT099 Internship Seminar Course.
3. related to the area of study at the University of Maryland College Park.

Student Signature

Date

Internship Supervisor Signature

Date