



**Adviser Confirmation (to be completed by student's academic adviser)**

**Student:** Provide a copy of the Activity Letter to your Academic Advisor with this form.

Student's Full Name \_\_\_\_\_ College ID \_\_\_\_\_

Student's Major(s) \_\_\_\_\_

**Advisor:** Please review the information below and confirm that the internship is related to the student's major, then sign and return this form to your student

Your student advisee is requesting permission to engage in the activity (inclusive of employment, training programs, and internships) listed in Section I of this form.

- Per U.S. immigration regulations, F-1 students may be authorized for Curricular Practical Training (CPT) to engage in a temporary practical training experience directly related to their major field of study when it is considered to be an integral part of an established curriculum.
- As such, CPT may only be authorized by International Student and Scholar Services when such activities are for academic credit or are a required part of the academic program's curriculum.

Please review the proposed activity/internship information provided by the student in Activity Letter. Please **confirm that the internship is directly related to the student's major by signing this form.** If not, please contact ISSS at [iss@middlebury.edu](mailto:iss@middlebury.edu) to provide clarification or additional information. **Information on this form will aid ISSS in determining the student's eligibility for CPT authorization.**

By signing this form, I confirm that:

1. The proposed activity has been approved for **academic course credit.**
2. The student is enrolled in: **INTN 0600 A**
  - a. Course (name and number)/Program: Winter Term Internship
  - b. Number of course credits to be awarded (if applicable): 1 credit
3. The internship activity is **directly related to the student's Middlebury major** field of study.  
*Note: If needed, I will be willing to provide ISSS clarification about how the internship is related to the student's major area of study.*

With my signature below, I confirm that the information above is accurate.

Academic Adviser Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Academic Advisor Printed Name: \_\_\_\_\_

Academic Department: \_\_\_\_\_

Email address: \_\_\_\_\_