



Internship Termination (By Student)

STUDENT INFORMATION:

Last, First Name:	Today's Date:
Student ID No:	SEVIS ID No.
Program: MBA MSCIS MSE MSHM MSIB	
Telephone:	Email:

EMPLOYMENT INFORMATION:

Employer Name:	
Employer Address:	
CPT Start Date:	CPT End Date:
Reason for CPT Early Termination:	

Requested By:

_____ Date: _____
Student's Signature

Initiated By:

_____ Date: _____
Academic Dean

Academic Dean Notifies Project Advisor of Internship Termination

Termination Processed in SEVIS

_____ Date: _____
International Student Advisor