Curricular Practical Training Confirmation Form

International Students: Please fill out this form and have the dean of your school sign it. Return form to Sabra Shelly in the Admissions Office. This confirmation sheet must be signed and returned before you can begin your Curricular Practical Training.

Student's Name: _____
Family First Middle

Local Address: _____
Street City State Zip

Name of Employer: _____

Address of Employer: _____
Street City State Zip

Employer's Tel. & Email: _____ _____
Telephone Number Email

Brief Description of Job:
_____
_____
_____

Type of Employment: _____ Part-Time
_____ Full-Time

Number of Hours Working per Week: _____

Dates of Proposed Employment Period:
Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

Dean: Feel free to contact me if you have any questions.
Sabra Shelly, Coordinator of International Students
336-770-1471 shellys@ncarts.edu

I, _____ do herby certify that _____
Print Dean's Name Print Student's Name
will be pursuing employment that is an integral part of his/her academic

curriculum and is related to his/her major field of study.

_____ _____
Dean's Signature Date