

## Curricular Practical Training Completion Form

(Regular/elective internships only. Not PCIP or required internships)

Student Name	ID	
Major Academic Advisor		
Anticipated Date of Graduation (month/year)	/	
Company/Program Name:		
Address		
Address of activity if different		
Supervisor/Sponsor Name & Title:		
Start Date: End Date	::	
Part Time or Full Time:	** Part-time is 20 hours or	r less per week.
Reflection Paper		
<ul> <li>Describe your goals for the internship (from</li> <li>Describe how your academic coursework or how your internship experience will enhance</li> <li>What were some challenges and memorable</li> <li>What impact did this experience have on you</li> <li>Would you recommend this internship to and</li> </ul>	experiences in the classroo e your academic experience experiences? ur career/educational goals?	om were used in your internship, and e moving forward.
Student: Completion of this Reflection Paper is certification which you received a Transcript Notification. Atta- academic advisor for review.		
Academic Advisor Review:  I have read this reflection paper concerning the intendent the reflection criteria listed above.  The student has satisfactorily completed learned and significant insights into the wood to be a student did not satisfactorily completed to be a student did n	the required reflection paper orking world have been gain	er. Valuable lessons have been ned.
Name S	ignature	Date
Please forward to Registrar for final dispositio	n Thank you	