

Boston University College of Arts & Sciences
Department of Romance Studies

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Practical Training Approval (PTA) Form

Student Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

BU ID or Social Security Number: _____

Employment Information

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Start Date: _____ End Date: _____

Reasons For This Request (please remember to also attach your internship proposal):

Departmental Review of Practical Training Request

Approved: _____ Not Approved: _____

Signature, Student's Major Advisor

Date

Signature, Director of Graduate Studies or Chair of the Department

Date

Office Use Only: Date received by Graduate Coordinator