



Modified: July 24, 2017 2:36 PM

# Curricular Practical Training (CPT)

## STUDENT INFORMATION

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Major: \_\_\_\_\_ Expected Date of Completion: \_\_\_\_\_

Certificate       Associate Degree       Bachelor's Degree       Master's Degree

I understand that my employer will be notified, if at any time, I am found to be ineligible for this employment. I certify that the information on this form is true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CURRICULAR PRACTICAL TRAINING INFORMATION:

This training is a required part of the student's curriculum and necessary for completion of the degree:  
 Yes       No

This student is registered for course #: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

This student will be employed:  Full-time (20+ hours/week)       Part-time (less than 20hours/week)

Requested Dates of Authorization: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

## DEPARTMENT APPROVAL

The approval request must be signed by the student's academic advisor.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this form, I certify that the information provided is true and correct. I recommend that this curricular practical experience be authorized by the office of International Programs.

## DSO USE ONLY:

The student above:

- Is taking a full course of study at this school
- Has been in the academic program atleast two (2) academic terms, or nine (9) months

Evaluation of the CPT Application by DSO:  Satisfactory       Unsatisfactory

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_