

# Curricular Practical Training application

## STUDENT INFORMATION

Name \_\_\_\_\_ ID # \_\_\_\_\_

Degree Type:  BS  BA  MS  MA  Other Major/Field of Study \_\_\_\_\_

Expected Date of Completion \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

## CURRICULAR PRACTICAL TRAINING INFORMATION

The recommended Curricular Practical Training is defined as a(n):  Internship  Practicum

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

The student is registered for the following course: **Course #** \_\_\_\_\_ **Credit Hours** \_\_\_\_\_

Practical Training is not for credit but is required for the student's degree.

The student will be employed

Full-time (More than 20 hrs.)  Part-time (20 hrs. or less) from \_\_\_\_\_ to \_\_\_\_\_

Past Practical Training:  Yes  No If Yes, Date: from \_\_\_\_\_ to \_\_\_\_\_

### Place of Employment

Company \_\_\_\_\_ Address \_\_\_\_\_

Supervisor \_\_\_\_\_

Phone # \_\_\_\_\_

## DEPARTMENT APPROVAL

This Approval Request must be signed by a dean, associate dean, department chair, academic advisor.

Please attach a letter addressing the following questions.

- Goal and Objectives of the Curricular Training Program
- How does the training relate to the student's major field of Study?
- How is the training an integral or critical part of the academic program of the student?

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

Dept. \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that the information provided above is true and correct. I recommend that this curricular practical training experience be authorized by the Office of International Students.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### DSO USE ONLY

The student above:

- Is taking a full course of study at this school.  
 Has been in the academic program at least two (2) academic terms or nine (9) months.  
 Evaluation of the CPT Application by DSO:  Satisfactory  Unsatisfactory

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_