

<b>CPT - Curricular Practical Training Application &amp; Recommendation</b>	
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**To Be Completed by Applicant:**

<b>Surname (Last Name)</b>		<b>ID #</b>	
<b>Given Name(s)</b>			
<b>Email</b>			
<b>Phone #</b>			
<b>Major</b>		<b>Graduation Date:</b>	
I certify that I have read and I understand the CPT regulations on this form.			
<b>Student Signature &amp; Date:</b>			
<b>CPT Description:</b>			
<b>Company Name</b>			
<b>Company Address</b>			
	<b>Term</b>	<b>Beginning Date</b>	<b>End Date</b>
<b>Part-Time CPT</b>	Spring		
	Fall		
<b>Full-Time CPT</b>	Summer		
	Intersession		

**To Be Completed by the Department:**

<b>List the internship or independent study course in which the student will be enrolled:</b>			
<b>Course Number and Title</b>	<b>Term</b>	<b>Instructor's Name</b>	
<b>Department recommendation and attestation:</b>			
<b>By signing below, I certify that:</b>			
<ol style="list-style-type: none"> <li>1. The student has at least a cumulative GPA of 3.0 (graduate) or a 2.0 (undergraduate).</li> <li>2. The student is making normal progress towards graduation.</li> <li>3. I have reviewed the description and responsibilities of the internship or employment offer and find it to be relevant to the student's major and to be complementary to the student's major coursework.</li> <li>4. The Internship is required for the major.</li> </ol>			
Graduate Student is enrolled in the last course(s) required for his major.		<b>Circle one</b>	YES      NO

<b>Print Name</b>		<b>Signature</b>	
<b>Title &amp; Dept.</b>		<b>Date</b>	
<b>Telephone</b>		<b>Email</b>	