



# Curricular Practical Training (CPT) Approval Form

### To be completed by the Student:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name & Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Dates of Employment: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ # Hours per Week: \_\_\_\_\_

Dates of Previous CPT: \_\_\_\_\_

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

### To be completed by the Student's Academic Advisor:

I hereby certify that the Co-op/Internship position offered to the aforementioned student is directly related to the student's major and student will receive credit for it towards their major.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Degree Program Completion Date

\_\_\_\_\_  
Academic Advisor's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### To be completed by the Co-op or Internship Coordinator:

Please return this portion with a copy of the employment letter to CIE.

I hereby certify that the aforementioned student has met all the conditions required to participate in Co-op Education, Internship or an Independent Study.

\_\_\_\_\_  
Co-op/Internship Coordinator's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### To be completed by the International Student and Scholar Services Coordinator:

I hereby certify that all the appropriate forms have been filled with the International Student and Scholars Services Office.

\_\_\_\_\_  
Toyin Ayeni

Primary Designated School Official  
Center for International Education

\_\_\_\_\_  
Date