



Curricular Practical Training (CPT) Approval Form

To be completed by the Student:

Name: _____ Date of Birth: _____

Student ID #: _____ 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 above-mentioned 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 Awoderu**Primary Designated School Official
Center for International Education**_____
Date