

# Curricular Practical Training (CPT) Co-op Approval Form

**To be completed by the Student:**

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

Student ID #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name &amp; 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 Academic Advisor:**

I hereby certify that the Co-op 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 Co-op Advisor:**

Please return this portion with a copy of Co-op documentation / Co-op offer letter to ISSS.

I hereby certify that the above-mentioned student has met all the conditions required to participate in Co-op Education

\_\_\_\_\_  
Co-op Advisor's Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**To be completed by International Student and Scholar Services Office:**

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

\_\_\_\_\_  
**Toyin Awoderu**  
**Primary Designated School Official**  
**International Student and Scholar Services**

\_\_\_\_\_  
Date