

# Curricular Practical Training (CPT) Endorsement Form

To be completed by the student and signed by the academic adviser/major professor.

This information is needed to process the student's request for CPT. The employment is required for academic credit (must include course registration) component of the student's academic curriculum.

A. Academic Advisor's/Major Professor's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Social Security number: \_\_\_\_\_

B. This student has been offered employment with the following company:

(If student holds an assistantship, please also include the following information)

Employer: \_\_\_\_\_

Location: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Begin/End Dates: \_\_\_\_\_ Number of Hours per Week: \_\_\_\_\_

C. The employment is a/an

Internship

Alternate Work/Study

Practicum

Other

D. As a part of the student's academic program, employment is:

Register (Student must register for a course)

E. The student will:

Register for course number \_\_\_\_\_ (proof of registration is necessary)

Signature of Academic Advisor/Major Professor: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_