

**CPT Application Form: Academic Advisor Section**  
**Integral Part of Established Curriculum /Degree Program for Doctoral Students**

**TO BE COMPLETED BY ACADEMIC ADVISOR ONLY**

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

Major: \_\_\_\_\_ Degree: \_\_\_\_\_

CPT authorization is granted on a term-by-term basis only and appropriate CPT course registration is required for each term. Please indicate the appropriate term/year below:

Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Summer I: \_\_\_\_\_ Summer II: \_\_\_\_\_

Do you believe that this student will be making normal progress towards degree completion while pursuing this employment?

Yes  No

If "no", please explain: \_\_\_\_\_

Student's expected academic program completion date (month, year):  
\_\_\_\_\_

Advisor name, printed: \_\_\_\_\_

Advisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**PLEASE ATTACH A MEMO TO THIS FORM THAT ADDRESSES THE FOLLOWING QUESTIONS:**

---

1) What are the specific duties of employment?

2) How does this work fulfill a specific deficit in the student's PhD program or provide the student with an experience that is integral to the PhD program that is otherwise not available to them? (An example would be a student whose doctoral program would be enhanced significantly by teaching experience even if this experience would not be directly related to his/her dissertation. Please explain how this work will be an integral part of this student's PhD program.)

---

\*\*\*\*\* OIS Front Desk use only! \*\*\*\*\*

Is student registered in above credits for the term(s) specified? Yes  No