CPT Application Form: Academic Advisor Section
Internship/Practicum

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: __________

Internship/Practicum course name & number: ____________________________________________

Job Duties: ________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Start date:  ________________________   End date:  _____________________________

Do you believe that this student will be making normal progress towards degree completion while pursuing this internship/externship/practicum?

Yes □   No □

If no, please comment: _______________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Student’s expected academic program completion date (month, year): ____________________________

Name of advisor, printed: _____________________________________________________________

Advisor signature: _____________________________________ Date:_____________________

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

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