

# 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: \_\_\_\_\_

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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: \_\_\_\_\_

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

Name of advisor, printed: \_\_\_\_\_

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

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

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