CPT Application Form: Academic Advisor Section
Regular Course or Independent Study

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: __________

Course name & number: __________________________________________________________________

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) Please explain the course requirements for the above course. What specifically must be submitted for a grade?

2) What are the specific duties associated with this employment?

3) Please explain how employment will fulfill course requirements.

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

Is student registered in above credits for the terms specified?   Yes □   No □