

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