

Curricular Practical Training (CPT) Request Form & Advisor Approval Form

Last Name..... First Name.....

Email Huskynet User ID.....

To be completed by the student's academic advisor and/or professor:

The above-named student has requested permission to engage in an off-campus work or volunteer opportunity. Before the OISS can authorize the student to engage in CPT, we must establish that the work is a required component of his/her program of study.

Course Information

Course Number..... Course Name.....

Does the course satisfy a degree requirement for the program of study? Yes / No

Please explain:
.....

Is the work component required for the course? Yes / No

Work Information - Please attach official job offer on company letterhead

Please Circle One: Paid employment / Paid internship / Unpaid internship / Volunteer

Student's Job Title: Full Time/ Part Time

Employer:

Employer Address:

Phone:

Name and title of Supervisor:

Email of Supervisor:

Start Date: End Date:

Student Signature **Date**

Advisor Signature..... **Date**

To be completed by the OISS:

(P)DSO Signature Date.....