



2. Please check which of the following applies to the student's curricular practical training

It is a **required** part of the established curriculum in this department, and the student must participate in the internship in order to complete his/her degree program requirements or academic objective.

It is an **integral** (not required) part of the established curriculum in this department, which may include optional internships or practicum experiences.

3. Student's anticipated graduation date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

4. Course Name/Number/ Number of hours for which the student will be receiving credit:

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Course Name Course Number No. of hours

5. Semester/ Year in which the credit will be earned: \_\_\_\_\_ / \_\_\_\_\_  
Semester Year

6. Course Supervisor: \_\_\_\_\_

7. Describe the practical training program the student will undertake:

a. Description of work (Title of research project):

\_\_\_\_\_  
\_\_\_\_\_

b. Goals of project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Requirements (e.g.: written report, weekly conference, etc):

\_\_\_\_\_  
\_\_\_\_\_

**Academic Department Only:**

"As the student's academic advisor, I approve of the amount of time requested as necessary to complete the goals and objectives of the Curricular Practical Training (CPT). I attest that this CPT experience will be utilized to fulfill an academic objective. I understand that CPT is granted within the parameter of F-1 regulations and monitored by the Department of Homeland Security (DHS)". Please sign below and initial the bottom of page one.

Academic Advisor: \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year