

CURRICULAR PRACTICAL TRAINING (CPT) ELIGIBILITY FORM

To the student: You must complete the top portion of this form and the bottom portion must be completed by your academic advisor in order for your CPT eligibility to be determined. Please bring the completed form back to the Crossroads/International Student Services Office.

Name: _____ SSN: _____

Degree Level: _____ Major: _____



To the advisor: Please answer each question below as clearly and concisely as possible. Then sign and date this form at the bottom.

Dates for proposed employment (mm/dd/yyyy): From _____ To _____

Name of proposed place of employment: _____

Name and address of proposed place of employment: _____

Check the type of proposed employment: _____ Full-Time _____ Part-Time (20hrs/wk or less)

Is the proposed employment fulfilling a course requirement? Y or N

If yes, list the course name and number: _____

Is the proposed employment integral to the completion of a thesis/dissertation? Y or N

If yes, what is the title and/or focus of the student's thesis/dissertation: _____

Describe the work involved in the proposed employment: _____

Explain how the work will be incorporated into the student's thesis/dissertation in the form of data/results and how the work is integral to the completion of the thesis/dissertation: _____

Name (please print): _____

Date: _____

Signature: _____

Campus Ext: _____