

CURRICULAR PRACTICAL TRAINING (CPT)

AUTHORIZATION REQUEST FORM

Part I: To be completed by STUDENT

_____ Panther ID: _____
LAST NAME FIRST NAME

Degree Level: Bachelor's Master's Doctorate Other

Employment Start Date: ___/___/_____ (MM/DD/YYYY) Number of hours I will work each week _____

Part II: To be completed by ACADEMIC ADVISOR

The above student must be enrolled in an internship, co-op or practicum course offered in his/her academic department in order to be eligible for CPT authorization. The student is enrolled in the following course to satisfy this requirement:

| Term | Year | Credit Hrs | Course Number | Course Title |
|------|------|------------|---------------|--------------|
| | | | | |

| Employment Details | | |
|--------------------------|--------|-------------|
| Employer (Company Name): | | Supervisor: |
| Street Address: | | |
| City: | State: | ZIP Code: |

I confirm that the appropriate departmental representative has approved the internship site listed above and that the student's training there will fulfill the requirements of his/her academic program and/or the internship course indicated. I also certify that this student's internship is:

- A **required** part of the established curriculum in this department; the student must participate in the internship to complete his/her degree program requirements and to graduate.
- An **integral** (not required) part of the established curriculum in this department, which may include optional internships or practicum experiences.

Student's expected completion date: (Month)_____ (Year)_____ Cumulative GPA:_____

The student has completed _____ credits and needs to take _____ additional credits in order to graduate.

Hospitality Management ONLY: Has the student's Basic Training been completed and/or waived? YES NO

FOR GRADUATE STUDENTS WHO WILL COMPLETE A THESIS OR DISSERTATION:

Has the student completed all required coursework for the program of study? YES NO

If NO: The student needs to take _____ additional credits in order to complete all coursework.

Academic Advisor's Signature

Name (Print) _____ Title _____

Department _____ Phone _____ E-Mail _____

Signature _____ Date _____