AUTHORIZATION FOR CURRICULAR PRACTICAL TRAINING

Student: Please complete the following

Name: _______________________________ Benga Student ID# __________________
Family                       First

Degree Type:    ☐ Bachelor    ☐ Master    ☐ Doctoral    Email or Phone: __________________________

“I understand that while I am on practical training, I must update the school on changes of name, address, and/or termination of employment.”

If your approved degree plan was not submitted in conjunction with your CPT application:
“I understand that I must submit my approved degree plan to the IPO before the end of the semester for which I will be performing CPT. I also understand that, if for some reason, the course for which I will be receiving credit for the CPT is not approved on the degree plan, I will lose legal immigration status.”

Student’s Signature: ___________________________ Date: ________________

Academic Advisor: Please complete the following
(Must also be signed by Department Head or Department Graduate Advisor)

Is the student in good academic standing and meeting departmental expectations? ☐ Yes ☐ No

Note which of the following applies to the student’s curricular practical training (if none of these apply please ask the student to speak with IPO about other options for off-campus work authorization):

☐ It is an invariable, non-waivable requirement for all degree candidates.
  - Please include appropriate pages of catalogue, showing requirement.

☐ It is a degree requirement, a planned option in the degree plan, and not added on in addition to academic requirements, for this student’s degree plan.
  - Please attach a copy of the approved degree plan – if the degree plan has not yet been approved, the student must submit the approved degree plan before the end of the semester during which the CPT will occur.

Please note the specific academic requirement remaining in the student’s degree plan in addition to this training: ___________________________  ___________________________

Please provide the student’s expected date of graduation (month/year): ________________

Please note one of the following:
☐ This one period of training fulfills the student’s training requirement.
☐ Multiple work terms are anticipated.
  - If one period is marked, the student will be eligible for CPT only one term during their current academic level.

Has the academic advisor met with the student to establish specific course objectives the student will be expected to achieve during the training? ☐ Yes ☐ No

Rev. 01/2009
Course Name/Course Number/Number of hours for which the student will be receiving credit (Note: at least one credit hour must be earned unless the training is a non-waivable requirement that earns no credit):

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Number</th>
<th>Hours</th>
</tr>
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Semester/Year in which the credit will be earned  
☐ Fall  ☐ Spring  ☐ Summer  Year: ________

Number of hours for which the student will register at ISU during the training: ________________

Name of ISU faculty member monitoring the student’s progress: ________________________________

Employer: ________________________________

Employer’s Address: ________________________________

Zip Code: City & State: ________________________________

Starting Date: ________________  Ending Date: ________________

Is this a COOP internship?  ☐ Yes  ☐ No

If no, is there an understanding between the employer and the department about the course objectives, and an understanding that the employment will be done in satisfaction of degree requirements at Idaho State University?  ☐ Yes  ☐ No

If the student will be enrolling for research hours, please explain how this is a necessary and required part of the student’s thesis/dissertation: ________________________________

If the student will be enrolling for research hours the student must complete the training prior to the date of defense.

Will the student be defending within the same semester the CPT will occur?  ☐ Yes  ☐ No

If so, please provide the planned date of defense (month/day/year): ________________

Undergraduate Students:
Undergraduate Advisor (please print name) ________________________________

Signature: ________________________________  Date: ________________

E-mail: ________________________________  Phone: ________________________________

Graduate Students (both must sign):
Dept. Head/Dept. Graduate Advisor (please print name) ________________________________

Signature: ________________________________  Date: ________________

Academic Advisor (please print name): ________________________________

Signature: ________________________________  Date: ________________

E-mail: ________________________________  Phone: ________________________________