



AUTHORIZATION FOR CURRICULAR PRACTICAL TRAINING – CPT

Second 1: Must be completed by the student requesting CPT

Name: _____ Bengal Student ID# _____
Family Middle First

Degree Type: Bachelor Master Doctoral ISU Email: _____ @isu.edu

“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: _____

Section 2: Must be completed by the student’s Academic Advisor recommending CPT

(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

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):

_____/_____/_____
Course Name Number Hours

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: _____

Semester start Date: _____ **Semester ending Date:** _____

Part-time (20 hours per week) when school is in session - fall and spring semesters.

Full-time (40 hours per week) during the official breaks – summer and winter breaks.

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: _____

Instruction:

All CPT application must be completed and submitted to the International Programs Office at least two weeks before the CPT semester start date.