

Indiana University Southeast

CPT Application Form

SECTION I: To be completed by student.

Name: _____ UID: _____

Major: _____ Degree: _____

SECTION II: TO BE COMPLETED BY ACADEMIC ADVISOR ONLY

CPT authorization is granted on a term-by-term basis only and appropriate CPT course registration is required for each term. Please indicate the appropriate term/year below:

Fall: _____ Spring: _____ Summer I: _____ Summer II: _____

Internship/Practicum course name & number: _____

Job Duties: _____

Start date: _____ End date: _____

Do you believe that this student will be making normal progress towards degree completion while pursuing this internship/externship/practicum? Yes No

If no, please comment: _____

Student's expected academic program completion date (month, year): _____

Name of advisor, printed: _____

Advisor signature: _____ Date: _____

Office Use Only:

Student Registered for Internship? Yes/No

Student Approved for CPT? Yes/No

Initial: _____ Date: _____