



International Programs Office  
Idaho State University

Top Floor Student Union Building, 921 S. 8<sup>th</sup> Ave. Pocatello, ID 83209-8083

## AUTHORIZATION FOR CURRICULAR PRACTICAL TRAINING

**Student: Please complete the following**

Name: \_\_\_\_\_ Bengal 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

