AUTHORIZATION FOR CURRICULAR PRACTICAL TRAINING – CPT

Section 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):

<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: __________________________________________________________________

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: ________________

Instructions:

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