

Application for Curricular Practical Training (CPT)

To be completed by student:

Name of Student: _____

Family Name

First Name

K-State e-mail: _____

Student's Area of Study: _____

Student's Educational Level: _____

Student's Expected Completion/Graduation Date: _____

To be completed by the Academic Advisor or Major Professor:

Student qualifies* for Curricular Practical Training (CPT) based on (indicate one):

- An academic internship is required of all students in this program in order to graduate.
- An academic internship is an elective option in this program and the department has a specific course (noted below) designed for this purpose.
- Work experience gained from this internship is integral to the student's thesis or dissertation and the student is registered for the appropriate thesis/dissertation research course.

***One of the above qualifiers must be met in order for CPT to be authorized. Please note, if CPT cannot be authorized based on lack of appropriate qualifier, the student does have another option for work permission in his/her field. Contact ISSS for additional information of alternative work permission.**

Academic Department: _____

Student is registering for course # _____ and student will earn _____ credits for CPT.

Number of hours student will work per week: _____ ; Full Time or Part Time.

The Department does or does not consider registering for this course a full-time academic course load.

Student's CPT will occur during the Fall semester, Spring semester, or Summer of _____.
Year

Employment to begin on _____ and end on _____ .
(Dates from Advisor and Employer need to match)

Advisor/Major Professor Name

Signature

Date

Email: _____ Phone: _____

Campus Address: _____

Please return this completed form to the student. Student will submit to the International Student & Scholar Services for processing.

KANSAS STATE
UNIVERSITY

International Student
& Scholar Services

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