Application for Curricular Practical Training (CPT)

Note to Academic Advisor: Please fill out this form in its entirety as all information is required to provide legal work authorization for student. Curricular practical training is defined to be "alternative work/study, internship, cooperative education, or any other type of required internship or practicum that is offered by sponsoring employers through cooperative agreements with the school."

Name of Student:		
Family Name	Dlana	First Name
K-State E-mail:	Phone:	WID:
Student's Area of Study:	Student's Educa	ational Level:
Student's Expected Completion/Graduation Date:		
To be completed by the Academic Advisor or Major	Professor:	
Select which type of Curricular Practical Training (CPT met in order for CPT to be authorized. Please note, if C does have another option for work permission in his/her	PT cannot be authorized	ed based on lack of appropriate qualifier, the student
☐ 1. An academic internship is required of all stu	idents in this program in	n order to graduate.
 2. An academic internship is not required, how credit for the course noted below. 	vever it is integral to the	curriculum and the student will receive academic
☐ 3. Work experience gained from this internship student is registered for the appropriate thesis		empletion of the student's thesis or dissertation and the ourse.
Please describe how this experience is integral to the studen opportunity will enhance the academic studies. Examp not limited to, having access to technology only available to essential for completing the dissertation, etc.	oles for those requesting CI	PT to complete thesis or dissertation may include, but are
Course Information: Academic Department:		
Student is registering for course #	during the	semester & will earn
credits to meet the CPT eligibility requirements. Note: I with the employment. Students must also continue to mon CPT.		
For graduate students only: The student has completed a which includes courses and required research hours need		
Employment Information: Name of Cooperating Employer:		
Dates of Employment: Semester CPT requested is Start Date End Date (Dates from Advisor and Employer need to match. Start	t date should be in the fu	uture.)
Number of hours per week necessary to complete cours. This experience will be Paid or Unpaid.	se objectives: {	{part-time (20 hours or less) or full-time (over 20 hours)}
Advisor/Major Professor Name	Signature	Date
Email:	Phone:	·



& Scholar Services

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