## **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 K-State E-mail:	Phone:	First Name WID:
Student's Area of Study:		tional Level:
Student's Expected Completion/Graduation Date:		
To be completed by the Academic Advisor or Majo	or Professor:	
met in order for CPT to be authorized. Please note, if	f CPT cannot be authorized	or (indicate one). *One of the below qualifiers must be I based on lack of appropriate qualifier, the student additional information of alternative work permission
☐ 1. An academic internship is required of all s	students in this program in	order to graduate.
<ul> <li>2. An academic internship is not required, he credit for the course noted below.</li> </ul>	owever it is integral to the	curriculum and the student will receive academic
<ul> <li>3. Work experience gained from this internsl student is registered for the appropriate these</li> </ul>		impletion of the student's thesis or dissertation and the urse.
Please describe how this experience is integral to the stude opportunity will enhance the academic studies. Example 1 in the studies of the s	mples for those requesting CF	T 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 with the employment. Students must also continue to on CPT.	e: If option 2 or 3 above are	e selected, enrollment in the course must be concurren
For graduate students only: The student has complete which includes courses and required research hours in	d all program requirements	s. This means all requirements listed on the POS, letionYesNo
Employment Information: Name of Cooperating Employer:		
Dates of Employment: Semester CPT requested is Start Date End Date End Date (Dates from Advisor and Employer need to match. St		·
(Dates from Advisor and Employer need to match. St	art date should be in the fu	iture.)
Number of hours per week necessary to complete con This experience will be $\Box$ Paid or $\Box$ Unpaid.	urse objectives: //	part-time (20 hours or less) or full-time (over 20 hours)}
Advisor/Major Professor Name	Signature	Date
Email:	Phone:	

