

Abilene Christian University
Application for Curricular Practical Training

Student Name:	Academic Department:
Degree Expected:	Major:
Date of expected graduation:	Banner ID:
Email:	Phone Number:
Have you been authorized for CPT before? Yes No	Please list dates of previous CPT authorizations:

I confirm that I have received an offer of employment for the employer and dates listed below. I further understand that the CPT authorization is for this employer and these dates only.

Signature

Date

Proposed Employment: To be completed by the academic advisor or internship director:

Name of course, or reference to program requirement:	Credits received:
Name and address of CPT Employer: (no PO boxes)	Employer Phone number:
Circle one: Full time / Part time	Beginning and ending dates of employment:

Advisor or director attestation:

I hereby attest that the work authorization as listed above is a required or integral part of the student's curriculum. Please indicate the student's eligibility by checking one of the options below:

_____ The proposed employment is based on a course requirement related to the student's major.

_____ The proposed employment is based on a program requirement for graduation. (required type)

Adviser or Director's Name

signature

Date

Phone