

CURRICULAR PRACTICAL TRAINING **EVALUATION FORM (CONTINUATION FORM)**

TO BE COMPLETED BY STUDENT:

Last Name

First Name

GSU ID # _____

Address of Internship Company

Phone: _____

TO BE COMPLETED BY ADVISOR

Briefly describe what warrants student's continued CPT

Is the student making progress towards the completion of the proposed internship?

Yes

No

I certify that the student named above has satisfied previously outlined goals to continue his/her CPT. The recommended CPT is part of the Major / an 'integral part of the student's curriculum.

Academic Advisor (print name)

Date and Signature

TO BE COMPLETED BY HIRING COMPANY / ORGANIZATION

Briefly describe what warrants student's continued CPT

Is the student making progress towards the completion of the proposed internship?

Yes

No

Please attach a report supporting your recommendation

I certify that the student named above has satisfied previously outlined goals and this is a request to continue his/her CPT.

_____ Hiring Authority (print name)

_____ (Date and Signature)

(Title & Department)