

CURRICULAR PRACTICAL TRAINING AUTHORIZATION FORM

To be completed by the **student**

Last Name: _____	First Name: _____	GSUID#: _____

Email _____	Phone Number _____	

Name of Employer: _____		

Address: _____		

Job Title: _____		
_____ Start Date: _____ End Date: _____		
Semester enrolled in above course: ___ Fall ___ Spring ___ Summer Year: ___		

Employed on campus? ___ Yes ___ No ___ Graduate/Research Assistant ___ On-campus job		

Student's Signature: _____ Date: _____		

To be completed by the **advisor**

The recommended CPT is:		
___ Required as part of the major		
___ An "integral part of the student's curriculum". The internship is recommended to complement the applicant's academic program.		
Course Name & Number: _____		
Semester Enrolled: _____		
Course Instructor: _____		
Completed all course requirements for degree: Yes No		
# of credits remaining to Graduate: _____		
Anticipated Academic Program Completion Date: _____		
Advisor's		
Signature: _____ Date: _____		

To be completed by the **department**

Chairperson: _____ Date: _____ Signature: _____		
Department: _____ Phone: _____		