CPT: Curricular Practical Training Application

updated: Nov. 2019 More details at: westga.edu/isap/employment

Student Information				
Last Name				
First Name				
UWG Email		@m	y.westga.edu	
Student ID 917	Graduatio	raduation Semester		
be used:	ter (AugDec.) nester (JanApril) emester (May-July)	Degree Level	☐ Bachelors☐ Masters☐ Doctoral☐ Certificate	
Internship Information				
Name of Employer				
Employer Address				
City	State	Zip Code		
Job Title		Number of Work Hours Per Week		
Employment Dates Start: End:				
Brief Description of Type of Work				
How is this internship related to your do	egree program at UW	/G?		
I am enrolled in the course listed by my advisor below during the semester(s) stated and understand that failing to complete the course voids work permission. If my permission is voided, I understand that this puts my F-1 status out of compliance.				
Student Signature:			Date:	

Advisor Recommend	ation		
Advisor Name			
Title			
Department			
Email		Phone Number	
	the student's degree prog	gram or academic requirements?	
Has the student finished all program requirements?	☐ Yes ☐ No	Expected Graduation Date:	
Which box best describes the reason for this CPT recommendation?	Required (all students in this major must do an internship to satisfy the graduation requirements as listed in the degree catalog) An Integral Part of the student's curriculum and is relevant to their academic program		
Intership Course Info:	Course Name		
	Course Number		
	Semester Enrolled		
	Credit Hours		
Advisor's Signature		Today's Date	

Return completed form to student who will present it to:

INTERNATIONAL STUDENT ADMISSIONS & PROGRAMS

Mandeville Hall (678) 839-4780 global@westga.edu