

Academic/Faculty Advisor CPT/AT REQUEST FORM

This application is to be used by a Please allow one week for proce	-	or a student.		
First Name, Middle Initial	Last Name	M Number	MU Email	
Current Address (U.S.)				
Name of Employer		Job Title	Job Title	
TO BE COMPLETED BY A Please return to student, not the		FACULTY/STUDENT SERVICE Programs and Services.	CES STAFF MEMBER	
School or College:		Degree:		
Major:				
Has the student completed all	course requirements for th	ne degree? Check appropriate box:	Yes	
Credits Remaining to Graduat	e: Antic	ipated Academic Program Comple	etion Date:	
Course Number:	Number of	Course Credit:		
CPT/AT is not allowed in that a) It is required for a degree b) The student is fulfilling of	program; or	S.		
Please Check One: ☐ As the student's advisor, I experience in the field of students.		s a <u>required</u> part of the program, i	.e. the program requires practical work	
☐ As the student's advisor, I student's field of study.	certify that this CPT/AT is	s a non-required part of the stude	nts program. It is directly related to the	
student's curriculum. I have red	nd the <u>CPT/AT information</u> have a valid purpose in the	n available at the Office of Interna estudent's program of study, it is r	employment to be an integral part of the ational Programs and Services website. In the meant to be a convenient employmen.	
Signature of Advisor		Printed Na	Printed Name of Advisor	
Email Address of Advisor				
Campus Phone		Today's D	vate	