

## Internship Coordinator (UG) or Faculty Advisor (Grad)

## **CPT/AT REQUEST FORM**

seeking students to request CPT/A Please allow one week for proce	— 1 1			
First Name, Middle Initial	Last Name	Student ID Number	MU Email	
Current Address (U.S.) (Street A	Address, City, State, Zip)	<b>-</b>	L	
Name of Employer		Job Title	Job Title	
		OR (UG) or FACULTY ADVISO Programs and Services <u>with the stu</u>		
School or College:		Degree:		
Major:				
Has the student completed all	course requirements for the de	egree? Check appropriate box:	□ Yes □ No	
Credits Remaining to Graduat	e: Anticipat	ed Academic Program Completion	Date:	
Course Number:	Number of Co	urse Credit:	_	
CPT/AT is not allowed in the a) It is required for a degree b) The student is fulfilling of Please Check One:  ☐ As the student's advisor, I define the stude	program; <u>OR</u> her course requirements.	equired part of the program, i.e. th	ne program requires practical work	
•			equirements for this degree program program and is directly related to the	
tudent's curriculum. I have read rebsite for students [ <u>here</u> ] and fo	the CPT/AT information avai aculty guide [ <u>here</u> ]. I understa	tter and consider the above employ ilable at the Warfel Center for Inte and that CPT/AT must have a valid ty, and may not delay completion o	rnational Programs and Services purpose in the student's program of	
ignature of Coordinator/Advisor (Completed in DocuSign)		Printed Name of	Printed Name of Coordinator/Advisor	
mail Address of Coordinator/Ad	dvisor			
oordinator/Advisor Campus Ph	one	Today's Date		