

## **Curricular Practical Training (CPT) Department Form**

Student Name	
Student ID #	
Internship Term (semester/year)	
Name of company	
Internship dates	from to
Internship course #	
Expected completion of studies term	<ul> <li>Fall Year</li> <li>Spring</li> <li>Summer</li> </ul>
Please initial below:	
	I approve the above international student to do the internship which is an integral part of the student's curriculum.
	The student is making normal progress in their field of study (minimum GPA of: 3.0 Graduate or 2.0 Undergraduate)
Please initial as applicable:	
	[FALL/SPRING] I confirm the internship falls within the official dates of the Fall or Spring term
	OR
	[SUMMER] I confirm the summer internship will start on or after the first day of the official summer session and end by the day before the first day of the Fall semester.
Signature	
Name	
Title	
Department	
Contact Email or Phone	