



CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

SECTION 1: STUDENT INFORMATION

Instructions: This section is to be completed by the student requesting CPT.

First (Given) Name: _____ Last (Family) Name: _____

Major: _____ Minor: _____

Education level: Bachelor Master Doctoral Student ID: _____

Will this CPT take place in your final term/semester? Yes No (If yes, please note CPT is limited to part-time.)

Have you completed CPT in a previous semester at Kutztown? Yes Full-Time Yes Part-Time No

Student's Signature: _____ Date: _____

SECTION 2: INTERNSHIP OR PRACTICUM INFORMATION

Instructions: This section is to be completed by the student requesting CPT. A letter from the employer on company letterhead is required. The letter should include the following information: *Student's job title, student's job description, start and end dates of the employment period, number of hours per week the student will work, name and contact information for the direct supervisor.*

Indicate the type of CPT: Full-Time (*More than 20 hours per week*) Part Time (*Less than 20 hours per week*)

Organization Name: _____

Organization Address: _____

Anticipated Work Start Date (*mm/dd/yy*): _____

Anticipated Work End Date (*mm/dd/yy*): _____

Supervisor Advisor Name: _____

Email: _____ Phone Number: _____

SECTION 3: ACADEMIC DEPARTMENT RECOMMENDATION

Instructions: This section is to be completed by your Academic Advisor or Department Chair.

Select which type of CPT you are recommending:

Required CPT: All students in this major/minor must complete an internship or practicum as a degree requirement.

Elective CPT: The student will earn course credit towards the major/minor.

Course Code: _____ Course Title _____ Credits: _____

Student's Anticipated Term of Graduation: _____

I confirm the employment as described in Section 2 of this form will fulfill the requirements for this CPT request.

Campus Authority Name: _____ Email: _____

Campus Authority Signature: _____ Date: _____