

FORM INFORMATION

This form provides internship/practicum information to the Office of International Education and Global Engagement who will determine if the placement is eligible for CPT. If eligible, a DSO will provide an updated Form I-20 with CPT authorization.

STUDENT & INTERNSHIP/PRACTICUM INFORMATION

NAME: _____ KU ID: _____

MAJOR(S): _____

MINOR(S): _____

DEGREE LEVEL AT KU: ☐ UNDERGRADUATE ☐ GRADUATE - MASTERS ☐ GRADUATE - DOCTORAL

IS THIS YOUR FINAL SEMESTER AT KUTZTOWN UNIVERSITY? ☐ YES ☐ NO

HAVE YOU BEEN APPROVED FOR CPT BEFORE? ☐ YES PART-TIME ☐ YES FULL-TIME ☐ NO

NOTE: The below internship/practicum information must match the information on the internship/practicum offer letter.

TYPE OF CPT: ☐ FULL-TIME (MORE THAN 20 HOURS PER WEEK) ☐ PART-TIME (20 HOURS OR LESS PER WEEK)

START DATE: _____ END DATE: _____

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SUPERVISOR NAME: _____

EMAIL: _____ PHONE NUMBER: _____

STUDENT SIGNATURE & DATE: _____

ACADEMIC DEPARTMENT RECOMMENDATION

SELECT WHICH TYPE OF CPT YOU RECOMMEND:

- ☐ 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 AND TITLE: _____ CREDITS: _____

STUDENT'S ANTICIPATED TERM OF GRADUATION: _____

By signing this form, you confirm the internship/practicum as described will fulfill the requirements for this CPT request.

ADVISOR/DEPARTMENT CHAIR SIGNATURE & DATE: _____