

STUDENT: Complete this section first. Then, provide an offer letter or description of the internship to your advisor in your academic department and a copy of this form. Ask them to fill out their section of this form, sign it, and return the form to you.

Name FSUID

Major & Department Expected Graduation

Name of Proposed CPT Employer

Proposed CPT Start Date (Day/Month/Year) Proposed CPT End Date (Day/Month/Year)

☐ 20 hours/week or less ☐ More than 20 hours/week (**restricted Fall/Spring, requires CGE review**)

List of Duties

**If none of the categories below apply, the CGE cannot authorize the work as CPT.
Consider filing an application for Optional Practical Training (OPT)**

ADVISOR: MARK THE BOX SHOWING THE CATEGORY THE TYPE OF INTEGRAL TRAINING THAT MAY QUALIFY THE STUDENT FOR CURRICULAR PRACTICAL TRAINING AUTHORIZATION. SIGN, DATE, AND PROVIDE ADDITIONAL INFORMATION, WHEN APPLICABLE.

☐ The training will partially or fully fulfill the student's current FSU degree program's training requirement. Please provide the following:

- The link to this degree requirement or professional certification requirement on the academic program's website or in the graduate bulletin _____.
- The training course in which the student will enroll to demonstrate completion of this curricular component (internship, practicum, field lab training, etc.) and the number of credit hours for which they will enroll _____.
- If the degree or professional field requires that completed training hours be certified in an alternate way, please provide details regarding the certification method here _____.

☐ This training will fully or partially fulfill an elective requirement that is required for graduation. Please indicate the training course in which the student will enroll to demonstrate completion of this curricular component (internship, practicum, field lab training, etc.): _____
What degree requirement does this internship fulfill: _____

☐ The student requires this training to prepare for or to complete their thesis or dissertation because it will allow them access to specialized tools or skills, data, or experience not otherwise available to them. The student must enroll for thesis or dissertation hours in the semester in which they are completing this training.

I confirm that the training experience with the above training site directly relates to the student's major field of study and is integral to the curriculum of their degree program. If this is the student's last semester, I also confirm that this course is either required for graduation or the student will also enroll in other classes that are required for graduation.

Academic Advisor (print): _____ Academic Advisor Signature: _____ Date: _____