FSU | CENTER FOR GLOBAL ENGAGEMENT

STUDENT: Complete this section first. Then, provide to your academic advisor (not CGE advisor) an offer letter or description of the training opportunity and a blank copy of this form. Ask them to fill out the advisor section of the form and sign it.

Student name: _____ FSUID: _____
Major & Department: _____
Name of Proposed CPT Employer:_____

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

How many hours per week will the student be engaged in training:
___ 20 hours per week or less
___ More than 20 hours per week

CPT can only be authorized if all students in the degree program must complete training to satisfy the requirements for degree completion (effective August 12, 2026).

ADVISOR: PLEASE PROVIDE INFORMATION REGARDING THE SPECIFIC DEGREE REQUIREMENT THAT THIS TRAINING WILL FULFILL. MARK BOTH IF APPROPRIATE.

___ The training will partially or fully fulfill the student's current FSU degree program's training hour requirement (for instance, all students must complete 1,000 hours of training). Please provide the following information:

- What number of training hours must all students in the degree program fulfill? _____
- How many hours of training has this student already completed? _____
- How many hours will the student complete in this requested training period? _____
- How are the work hours documented? _____

____ The student will enroll in an internship, practicum, field training, or work experience course that is required of all students in the program and that requires training at an off-campus location or for on-campus hours that exceed the 20 hour per week maximum for on-campus employment. Please provide the course number _____ and course name _____

____ The student is fulfilling a doctoral scholarly activity requirement that may only be completed through training. (If the requirement can be fulfilled through coursework or publications, CPT cannot be approved.)

**Please use a signature certificate or an electronic copy of your wet signature.*
Academic Advisor printed name: _____
Academic Advisor Signature*: _____ Date: _____