



**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 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 THAT QUALIFIES THE STUDENT FOR CPT AUTHORIZATION. SIGN, DATE, AND PROVIDE ADDITIONAL INFORMATION, WHEN APPLICABLE**

ENROLLMENT IN INTERNSHIP, PRACTICUM, FIELD LAB, ETC. OR OTHER COURSE THAT IS DIRECTLY TIED TO THE TRAINING/WORK EXPERIENCE

Course Name and Number  Number of Credits

**If the course is a DIS or another course that requires off-campus work, provide the following information on a separate sheet of paper:**

- Describe how the training opportunity is integral to the specific course
- State what the student must submit to satisfy course requirements
- Name and email of faculty member responsible for course

I confirm that the training experience directly relates to the student's major field of study and is integral to the curriculum of this 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.

Advisor Signature  Date

ENROLLMENT IN THESIS OR DISSERTATION HOURS

Expected thesis/dissertation defense date (month or semester if no date set):  On a

**separate sheet of paper, provide the following information:**

Explanation of how the training experience for which the student seeks CPT authorization is integral to the completion of the student's dissertation/thesis (ie. work provides essential data, use of equipment not available at FSU, testing of models, etc.) Be specific.

Advisor Signature  Date

NO ENROLLMENT REQUIRED – STUDENT SELECTED AS FSU PIE ASSOCIATE FOR UPCOMING ACADEMIC YEAR

Advisor Signature  Date