

## INTERNATIONAL **PROGRAMS**

## **CPT Advisor Form**

STUDENT:	NWACC ID:	
Your advisee is requesting authorization to be employed please assist the International Programs Office by complete return it to the student to be submitted to our office for recompleted by the student. If you have questions or concretally you for your assistance.	leting the following information. One wiew. Under no circumstances sho	ce you have completed the form, please uld any of the information below be
DEGREE WORKING TOWARDS: AAS	AS AA CERT	IFICATE
I certify that I have reviewed the student's proporelates to the student's field of study, and confirmed student.		
Academic credit is a requirement of Curricular Pract	ical Training authorization.	
Course Title:		
Course Number:	Term:	
Faculty member assigned to teach of	course/evaluate work:	
Date proposed CPT employment will end:		
If that date extends beyond the end of the term, employment has been completed and evaluated.	I agree to file an incomplete for the	ne student's coursework until ALL
Who will register the student in the course?	Student Acade	mic Advisor
I recommend the student be authorized for the property of the	roposed employment.	
ADVISOR/INSTRUCTOR NAME		DATE
SIGNATURE		<u> </u>
POSITION TITLE	PHONE NUMBER	

\*All employment days must be evaluated for the registered course credit in order to fulfill CPT requirements. It is the academics advisor's/professor's role to determine if the proposed employment meets department requirements.

**PHONE NUMBER** 

E-MAIL