



# INTERNATIONAL PROGRAMS

## CPT Advisor Form

STUDENT: \_\_\_\_\_ NWACC ID: \_\_\_\_\_

*This form is required to be completed by the student's Academic Advisor or Program Coordinator. Your advisee is requesting authorization to be employed under Curricular Practical Training. To better evaluate the student's request, please assist the International Programs Center by completing the following information. Once you have completed the form, please return it to the student to be submitted to our office for review. Under no circumstances should any of the information below be completed by the student. If you have questions or concerns, please contact the ISL Office: 479-619-2224 or [jyoumans@nwacc.edu](mailto:jyoumans@nwacc.edu). Thank you for your assistance.*

\*If activities occur on NWACC campus and will not occur off-campus in any format then CPT is not required for participation\*

I certify that I have reviewed the student's proposed title and job duties, determined the proposed employment directly relates to the student's field of study, and confirmed the proposed employment will enhance the academic development of the student.

\*Academic Credit/Degree Requirement of Curricular Practical Training authorization\*

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Term: \_\_\_\_\_

Faculty member assigned to teach course/evaluate work: \_\_\_\_\_

If no course connection, Please explain how this is required for their collegiate work:

Date proposed CPT employment occur: \_\_\_\_\_

If that date extends beyond the end of the term, I agree to file an incomplete for the student's coursework until ALL employment has been completed and evaluated.

Who will register the student in the course?  Student  Academic Advisor  Program Coordinator

I, the under signee as the student's Academic/Program Advisor, recommend the student be authorized for the proposed employment and can attest that this employment will qualify towards the student's program of study.

\_\_\_\_\_  
ADVISOR/INSTRUCTOR NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
POSITION TITLE

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
E-MAIL

Please contact The International Programs Center with any Questions at:  
[InternationalPrograms@nwacc.edu](mailto:InternationalPrograms@nwacc.edu) or 479-986-4069 479-619-2224