FLAGLER COLLEGE

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INTERNATIONAL CENTER
HOME OF STUDY ABROAD AND
INTERNATIONAL STUDENT SERVICES

CURRICULAR PRACTICAL TRAINING (CPT)
ADVISOR ENDORSEMENT FORM

International (F-1) students must submit this form to the International Center to obtain CPT authorization prior to beginning any internship, practicum, Co-op, or work/study off-campus activity, whether paid or unpaid. Practical training may be authorized to an F-1 student who has been lawfully enrolled on a full-time basis for one academic year. Exceptions to the one academic year requirement are provided for students enrolled in graduate programs that require them to begin CPT in the first year of study.

To be completed by student:

_____   _____
Full Name   Flagler Student ID#

_____   _____   _____
City of Birth   Degree Level   (Bachelor / Master)   Major(s)

_____
Name of Employer

_____
Address of Employer (street address, city, state, zip code)

Dates of employment (maximum authorization is limited to the start and end dates of the semester):

_____ /_____ /_____   _____/_____/_____   _____
     start date   end date   Hours per week (over 20 hours is full-time)

Brief description of proposed responsibilities: _____
_____
_____

_____   _____
Signature   Date

To be completed by student's Internship/Practicum/Co-op Advisor OR student's Academic Advisor:

This student will be enrolled in and receiving _____ credits for _____ for the _____ term.
                                                                   # credits   Course number   Semester/Year

    Please read and initial the following requirements for CPT authorization:
Yes, this off-campus training is directly related to the student's major area of study: _____
Yes, the off-campus training is an integral part of this student's established curriculum and will   _____
count towards the student's degree.
Answer the following only if applicable: **Yes,** this student's graduate program requires off-   _____
campus training during the first year of study.

_____   _____   _____
Internship/ Practicum/Co-op/Academic Advisor name   Phone Extension   Department

_____   _____
Signature   Date