

CURRICULAR PRACTICAL TRAINING (CPT)

Prairie View A&M University

Student Name: _____ Student ID#: _____

Section I (To be completed by the student)

I understand the following:

- a. An approved degree plan must be submitted with my CPT application.
- b. I must register and receive course credit for the internship unless the internship is a non-waivable requirement that earns no credit.
- c. I must have a job offer letter on letterhead that states the following:
 - Name and Address of the employer
 - Job Title of the internship
 - Job description
 - Exact dates of employment
 - Number of hours per week
 - Statement that the employer is aware that the work will be curricular practical training for degree requirements.

Student Signature: _____ Date: _____

Section II (To be completed by student's Academic Advisor)

Student's expected date of graduation (month/year): _____

Is the student in good academic standing and meeting departmental expectations? Yes No

List the specific academic requirements remaining in the student's degree plan:

Internship requirement:

Is this internship an invariable, non-waivable requirement for all degree candidates?

Yes No. This requirement is listed on page _____ in the university catalog.

Is this internship a degree requirement or a planned option in the student's degree plan and is not an addition to the academic requirements for this student's degree plan? Yes No

This requirement is listed on page _____ in the university catalog.

Fulfillment of Internship requirement:

The student will require only this **one** internship to fulfill the training requirement for this degree level. Yes No

The student will require multiple periods of internships to fulfill the training requirement for this degree level. Yes No

List additional periods: _____

Course Registration:

The internship will require the student’s registration in the following course(s):

Course Name/Catalog # _____ Credit hours _____ Semester _____

Course Name/Catalog # _____ Credit hours _____ Semester _____

Internship Employer Information:

Name of the Internship Employer: _____

Address: _____

City/State/Zip Code: _____

Dates of Offered Internship: Starting Date: _____ Ending Date: _____

Is there an understanding between the employer and the department regarding internship objectives? Yes No

Name of the academic advisor monitoring the internship: _____

Research Hours:

Is the internship a requirement for the student’s thesis or dissertation? Yes No

If Yes – Please explain: _____

The internship must be completed prior to the defense date.

Approval Signatures:

Academic Advisor:

Name: _____ Signature: _____ Date: _____

Department Head:

Name: _____ Signature: _____ Date: _____