



**The International Center of Winthrop University**

**CURRICULAR PRACTICAL TRAINING (CPT) Academic Advisor Recommendation Form**

**To be completed by the student:**

Name: \_\_\_\_\_ CWID: \_\_\_\_\_

Local phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Major Program of Study: \_\_\_\_\_

Degree Level: \_\_\_ Bachelor \_\_\_ Master

Prospective Employer Name and Address: \_\_\_\_\_

Proposed Dates of Employment:

Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

**To be completed by the above student's academic advisor:**

PLEASE NOTE: The training employment **must be required** of all degree candidates in the program and be necessary for the awarding of the degree. The employment must be **required** for a course and must be taken for academic credit. The student must be registered for the course during the period that he/she is working under CPT authorization.

In what course will the student enroll to earn academic credit for the work experience?

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_

Number of Credit Hours Assigned to Course \_\_\_\_\_ Instructor \_\_\_\_\_

Semester student will be enrolled in this course (Enrollment must be concurrent with employment):

Fall 20\_\_\_ Spring 20\_\_\_ Summer Session \_\_\_

How will this employment fulfill the course requirement?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I RECOMMEND THAT THIS STUDENT BE GRANTED AUTHORIZATION FOR CPT.**

Advisor Name: \_\_\_\_\_ Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_