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 listed on the program of study 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: _______________________

Please return this completed form to The International Center of Winthrop University, 218 Dinkins Hall, Rock Hill, SC, 29733     08/2012