



Curricular Practical Training (CPT) Application

Student Information

Last Name First Name
AMC Email Date of Birth

Employment Information

Company/Employer
Address
Contact (name) Phone
Job Title
Number of hours per week
CPT start date End date

Academic Information

Check one:

- The student is required to complete this training as part of their degree
 The student will receive credit for this training that is directly related to their major course of study

Course Number
Course Title
Number of credits

Academic Advisor

Signature (Advisor) Date

Student

I understand that I am only allowed to work as noted above. If anything changes with regard to this employment/training opportunity I will contact both my Academic Advisor and my DSO

Signature Date