



CHAMPLAIN COLLEGE

International Student Services

CPT Advisor Authorization Form

PART I: STUDENT INFORMATION (to be completed by the student)

Student's Name:	Student ID#:
Major (s):	
Phone Number:	E-mail Address:
I understand that I am only eligible for CPT if: <input type="checkbox"/> I have been lawfully enrolled in the U.S. on a full-time basis for at least one academic year. <input type="checkbox"/> I am in legal F-1 status at the time of this application. <input type="checkbox"/> I have a job offer and am attaching a copy of the letter as proof (not necessary if part of a course).	
Student's Signature: _____ Date: _____	

PART II: INTERNSHIP INFORMATION (to be completed by the student's professor/academic advisor)

Nature of Internship: (Please check those that apply)	<input type="checkbox"/> Required by program	<input type="checkbox"/> Recommended, not required by program	<input type="checkbox"/> For Credit	<input type="checkbox"/> Not for Credit
Payment: (Please check one)	<input type="checkbox"/> Paid		<input type="checkbox"/> Unpaid	
Course Number:	Number of Credits:	Semester of Internship:		
Faculty/Instructor:				
Internship Site Name:	Address of Internship Site:			
Dates of Internship:				
Total Number of Hours to work : () hours per week X () weeks = () TOTAL HOURS				

I certify that the above named student will be making normal progress toward completing his/her degree while pursuing practical training. This experience is integral to the student's established curriculum and will enable the student to gain practical application of the learned principles of the student's program of study.

Signature, Academic Advisor

Name, Academic Advisor (Please Print)

Date

Please return completed forms to:
Office of International Student Services
international@champlain.edu