

Student's Name: _____ ID#: _____
 Email: _____ Day Phone: _____
 Curriculum/Major: _____
 Level: BA/BS MA/MS (Non-thesis) MA/MS (Thesis) PhD
 (Expected) final semester (when academic **enrollment** requirements will be met) : _____
 (Expected) date of final thesis defense (if thesis): _____
 List previous semesters of CPT: _____

You must attach an offer letter that includes specific begin and end dates, job title and a job description from the company which outlines the duties and expectations. The offer letter needs to be on company letterhead. Generic letters will not be accepted. Please complete this form and give it (and your offer letter) to your academic advisor.

Company Name _____ Company Website _____

Your site of activity address at company:

Street/Building: _____

City: _____ State: _____ Zip: _____

Company Supervisor – Name _____ Company Supervisor – Email _____

Company Supervisor – Phone _____ Company Supervisor – Fax _____

Position Title (of Co-op/CPT position): _____

Proposed Begin Date: _____

Proposed End Date: _____

Is this position Part-time (20 hours/week or less) or Full-time (more than 20 hours/week)? PT FT

Please describe in your own words the primary duties/activities/responsibilities of this position.

Please briefly describe below (or on attached paper) your academic objectives and goals for this Co-op position, and how it is a practical application and extension of the theoretical coursework that you have taken.

****Masters non-thesis students planning to do a part-time Co-op during the academic semester (fall/spring) must register for a full-time course load. Please list the course numbers and credits that you will be registered for during the Co-op rotation here:**

I certify that I have read and understand the requirements for CPT; I believe that I am eligible for CPT; the application I am submitting is correct and complete; this proposed/requested Co-op is integral to my academic program; **I have read and understand the "LIMITS" section of this packet (pg. 2) and understand the hours limitations of CPT employment and this employment conforms to those limits;** I will discuss the Co-op activity with my academic advisor, and I will submit the Summary Report to my advisor, Co-op office, and OIS.

Student's Signature: _____

Date: _____

Academic Advisor's Recommendation Form for CPT (F-1 Co-op)

Student Name: _____ Student ID#: _____

The above student is requesting Curricular Practical Training (CPT) - Co-op in his/her field of study. In order for OIS to authorize the CPT, it is necessary for us to ascertain the student's eligibility to engage in off-campus employment at this point in his/her program (please see footnote below). Please review the student's application, Co-op offer letter and check the boxes below and sign this form. Thank you.

UG Advisor/DGP Certification (must initial):

I certify that the student named above has maintained fulltime enrollment and is making good academic progress. I have read the student's job description, support the student's academic objectives, and recommend this CPT/Co-op. **This Co-op position will not delay this student's degree completion and is within the employment LIMITS allowable for international students (if necessary, please review the LIMITS section on page 2 of the CPT instructions).** The student is not prevented by contract from discussing the work with me and the student is expected to provide me with a copy of the summary report, and incorporate the lessons learned from the Co-op position in his/her academic program/thesis. _____ **(UG Advisor/DGP initial here)**

(Expected) final semester (when academic **enrollment** requirements will be met) : _____

(Expected) date of final thesis defense (if thesis): _____

Please confirm below how the proposed practical training is an important part of the student's academic program and extension of the coursework the student has already taken. You may also offer any additional comments or restrictions at the bottom of this form. (If you determine that this opportunity is beneficial, but not an important part of the student's current academic program/thesis, please encourage the student to consider Optional Practical Training instead.)

UG Advisor/DGP please check the applicable box below (please choose at least one option):

- This (part-time or full-time) employment is a required part of the degree program.
- This (part-time or full-time) employment is an integral component of this student's thesis (please state thesis topic):

- This part-time (may be full-time during vacation semester) employment is an extension of coursework this student has already completed (please list at least 3 courses that the student has already completed below) and will supplement a full-time course load for this student (employment is limited to part-time during fall/spring semesters but may be full-time with COP 500 enrollment during summer if summer is not student's final term of required enrollment in academic program)

Advisor's Signature (Primary Coordinator of Advising for undergraduates or Chair of Thesis Committee):

Advisor's/Chair's Signature: _____ Dept: _____

Advisor's Name: _____ Phone: _____ Date: _____

Additional comment:

Signature from Director of Graduate Programs (DGP) - required for all Graduate Students:

DGP Signature: _____ Dept: _____

DGP Name: _____ Phone: _____ Date: _____

Curricular Practical Training is intended for required internships, cooperative education experience, off-campus research necessary for a thesis or dissertation, etc. Please consult the OIS website or an OIS advisor for more information, questions, or concerns. Thank you for your assistance – please return this form to the student or fax (515-1402)/e-mail (ois@ncsu.edu) to OIS. Updated Feb 2011