

CURRICULAR PRACTICAL TRAINING (CPT) **REQUEST FORM**

Part I: To	be completed b	by STUDENT					
					Panther ID:		
LAST NAME FIRST NAME							
Degree Leve	l: ☐ Bachelor's	☐ Doctorate ☐ Other					
Employment	Start Date:/_	/(MI	M/DD/YYYY)	Number o	of hours I	will work each week	
Part II: To	be completed	by ACADEM	IIC ADVISOR				
The student leading I	nas completed Management ON	credits NLY: Has the st	and needs to take audent's Basic Tra	ining been c	dditional completed	Cumulative GPA: credits in order to graduate. d and/or waived? □ YES □ NO	
The above student must be enrolled in an internship, co-op or practicum course offered in his/her academic program - credits will apply toward the student's degree audit and program completion.							
Term Year		Credit Hrs	Course Number		Course Title		
Employment Details							
Employer (Company Name):					Supervisor:		
Street Addr	ess:				<u> </u>		
City: State:						ZIP Code:	
CPT#	PT# I confirm that as the appropriate departmental representat					e internship credits listed above are either:	
	required part of the student's established curriculum; the student must participate in the internship to complete ther degree program requirements and to graduate.						
	An integral part of the established curriculum, taken as an elective and the credits will apply toward the student's degree audit and program completion.						
Academic	Advisor's Sign	ature					
Name (Print)					Title _		
Department			Phone		E-Mail		
Signature					Date		
** CPT in last s	emester –including s	ummer- CPT locat	ion must be in South I	Florida. Studen	nt must enro	oll in a semester long in-person class or credit e.g.	
session C or session A and B combined. form effective 5/11/2023							