### CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

#### Part I: To be completed by STUDENT

- **LAST NAME**  
- **FIRST NAME**  
- **Panther ID:**

  - **Degree Level:**  
    - [ ] Bachelor’s  
    - [ ] Master’s  
    - [ ] Doctorate  
    - [ ] Other

  - **Employment Start Date:** ___/___/______ (MM/DD/YYYY)  
  - **Number of hours I will work each week:** _____________

#### Part II: To be completed by ACADEMIC ADVISOR

  - **Student’s expected completion date:** (Month) ___________    (Year) ___________    Cumulative GPA: ___________
  - **The student has completed ________ credits and needs to take ________ additional credits in order to graduate.**
  - **Hospitality Management ONLY:** Has the student’s Basic Training been completed 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.

<table>
<thead>
<tr>
<th>Term</th>
<th>Year</th>
<th>Credit Hrs</th>
<th>Course Number</th>
<th>Course Title</th>
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- **Employment Details**
  - **Employer (Company Name):**
  - **Supervisor:**
  - **Street Address:**
  - **City:**  
  - **State:**  
  - **ZIP Code:**

  - **CPT#** __________

  - I confirm that as the appropriate departmental representative the internship credits listed above are either:
    - [ ] A **required** part of the student’s established curriculum; the student must participate in the internship to complete his/her 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 Signature

- **Name (Print):** __________________________  
- **Title:** __________________________

- **Department:** __________________________  
- **Phone:** __________________________  
- **E-Mail:** __________________________

- **Signature:** __________________________  
- **Date:** __________________________

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**CPT in last semester –including summer- CPT location must be in South Florida. Student must enroll in a semester long in-person class or credit e.g. session C or session A and B combined.**

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**Form effective 5/11/2023**