

INTERNATIONAL STUDENT SERVICES Student Involvement & Leadership Pacific Lutheran University

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Curricular Practical Training Certification Form

Curricular Practical Training (CPT) allows students to receive trainings	¥ •	an integral part of the established curriculum and
Student's name)	(Student ID number)	N000 (SEVIS ID Number)
		E COMPLETED AND VERIFIED BY FOR or ACADEMIC ADVISOR.
Circle degree objective of student:	Bachelor's Master's	
Please indicate which of the follow	ving applies to this student:	
Training that is required	for graduation by the establish	ed curriculum and carries academic credit.
Training that is an integr	al, but not required, part of th	e curriculum and provides academic credit.
Please indicate course information	that is directly associated with	h the training:
Course number:	Course title:	Course instructor:
Number of credits:	Circle term: Fall J-t	erm Spring Summer Year
This request is for practical training	which is: Part-time (less than 20 hours a week)
	Full-time (more than 20 hours a week)
Dates of training (include start date	and end date):	
signature of the course instructor or	academic advisor:	Date:
The following section is REQUIR	ED to review ALL CPT requ	ests:
,	(print name) a	s a Course Instructor or Academic Advisor to
eurriculum.	nme of student) approve that the	is internship is an integral part of the established
Signature:	Department:	Date: