



CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION

PART 1: To be completed by student

Family Name: _____ First Name: _____
BU Student ID#: _____ SEVIS ID#: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone #: _____ Email: _____
Graduate: [] Undergraduate: [] Work location is within 200 miles of Bradley: [] Yes [] No
Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Job Title: _____ [] Full time (>20 hours/week) [] Part time (<20 hours/week)
Start Date: ____/____/____ End Date: ____/____/____
Student's Signature: _____ Date: _____

PART 2: To be completed by the Academic Advisor or Graduate Coordinator

I, _____, have reviewed the above-listed student's internship offer from company:
_____ and I [] agree / [] disagree that this internship matches the major of
the student and is within their program of study. I also certify that this internship is a required and/or integral part of
the education experience of the student so I recommend the curricular practical training.

UG Academic Advisor or
GR Coordinator Signature: _____ Date: _____

PART 3: To be completed by the Smith Career Center Representative

I, _____, certify that the above-listed student has met with me regarding this
curricular practical training opportunity and I have seen the student's offer letter. The student has been approved for
an internship through the Smith Career Center and we have a cooperative agree or employer letter on file. The student
will be enrolled in the following internship course: _____ during the following
semester: _____.

Smith Career Center
Representative Signature: _____ Date: _____