

Curricular Practical Training (CPT) Academic Advisor Authorization Form

Section 1: To Be Completed by Student. Provide your academic department a copy of your employment offer letter to review along with this form.

Student Name _____ Student ID: 00 _____ Requested Term for CPT: _____

Degree Level (Bachelor's, Master's, PhD) _____ Major/Program _____

Name of Employer/Company _____

Address/Site Location of Employment _____

Requested Start & End Date _____ - _____ Hours Per Week (20 or less is considered part-time, more than 20 full-time) _____

Brief Description of Duties and how these directly relate to your major _____

Graduate Students Only: Do you have on-campus employment? If **yes**, please fill in on-campus employment details here. After completing Section 2 with your academic department please seek permission from The Graduate School (graduate@albany.edu) in Section 3:

On-Campus Position Title _____ Dates of Employment _____ Hours Per Week _____

Section 2: To Be Completed By Academic Department

This internship or training experience is directly related to the student's major and meets the following criteria for CPT authorization (please check the one that applies):

An internship, or other program related course of at least 1 credit which will be used towards completion of the student's academic program. Please indicate the Course # and Title: _____, and number of credits: _____.

A required, non-credit practicum or field work placement. This experience is required for ALL students in this academic program/course of study in order to fulfill graduation requirements, but does not require course registration, as noted in the Graduate or Undergraduate Bulletin. It may not be an optional requirement.

Research directly related to thesis or dissertation. Must be registered for appropriate thesis or dissertation credit. Please indicate the Course # and Title: _____, number of credits: _____, and briefly describe how the position directly relates to the thesis/dissertation research: _____

Credits Remaining Until Graduation: _____ Anticipated Graduation Date: _____

I hereby certify that this curricular practical training is directly related to the student's major and an integral part of this student's academic program and its established curriculum, as noted in the Graduate or Undergraduate Bulletin, and/or published on the department's web site

Academic Advisor's Signature: _____ Date: _____

Academic Advisor's Name & Department: _____

Department Chair's Signature: _____ Date: _____

Department Chair's Name: _____

Section 3: Only For Graduate Students with On-Campus Employment. To be Completed by The Graduate School

This student is exempted from the extra service requirement and Graduate Education has no objection to this academic practical training employment.

This student has been granted permission by Graduate Education to accept this practical training opportunity and is allowed to work up to _____ hours per week, if also approved by ISSS and the academic department to do so.

Graduate School Official's Signature: _____ Date: _____

Graduate School Official's Name: _____