**Wabash College**

**Application for F-1 Curricular Practical Training (CPT)**

**STUDENT**

 *Student Last Name*  *Given Name(s) Class Year Date*

*Major(s) Minor(s) Advisor*

In addition to the above information please indicate the following:

* Proposed CPT employing company’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address where the work would be done\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This may be different than the company’s main address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Position start and end dates \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ ; \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_
* Number of hours of employment per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of WISE hours you must complete per week\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Student **MUST** attach a job offer letter that includes job duties and confirms *ALL* the details requested above.

**ADVISOR**

Course #: INT 298 [ ]  INT 398 [ ]  INT 498 [ ]  Credit: $\frac{1}{2}$[ ]  1[ ]

 *(Freshmen) (Sophomores) (Juniors)*

It is anticipated that the above student will complete all requirements for the current degree program on or about:

 *Month Year*

Rationale for Internship

1. How will this Internship serve the student’s educational and potential career goals?
2. What are the job duties?
3. How do the job duties tie into his curriculum?
4. How will the Internship be assessed? (Such as a portfolio of student work, reflective essay, etc.)

*The internship is a non-division course that cannot be applied toward the 34 credits required for graduation*. The course is recorded on the student’s transcript, however. Students will not be allowed to pre-register in an internship course until approval is granted.

Supervising Faculty

  *Print Name Signature*

Dept./Prog. Chair

  *Print Name Signature*

Student Advisor

  *Print Name Signature*

Registrar

  *Print Name Signature*

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**REGISTRAR’S OFFICE ONLY**

Approval Date / /

INT course added to schedule (date) / /

Scanned to student file (date) / / \_\_\_\_\_\_\_