

OFFICE OF

International Education

Please Return To :
Office of International Education
Marquette University Holthusen
Hall, 4th floor P.O. Box 1881
Milwaukee, WI 53201

REQUEST FOR CURRICULAR PRACTICAL TRAINING (CPT)

7 R H Q V X U H W K L V I R U P L V S U R I S M H O W F H R P S F O X O W H G F R W E B H W M L X G I H W Q M H D I R G P O D V K R
& 37 V X P P D U (J V Z H E Q I Z W H V R W K D W W K H \ X Q G H U V W D Q G E R W K W K H & 37 H O L J L

I. T

to be completed by the student:

Your name (Last/Family/First): _____ MUID: _____

Degree level: _____ Major: _____

By checking this box, I certify that I have read and understand the CPT regulations **R Q 2, (V & 37 Z H E S**

Student signature: _____ Date: _____

II. To be completed by Internship Coordinator or Academic Advisor

Please provide the required CPT program details below.

Employer/Company name: _____

Training Site Address : _____ (street)
_____ (city) _____ (state) _____ (zipcode)

Dates of employment: _____ to _____ Hours per week: _____

Marquette course number: _____ Number of credits: _____ Academic Term: _____

Marquette faculty instructor: _____

By checking this box, I certify that the credits for this CPT program will count towards the student's graduation requirements.

By checking this box, I certify that I have attached and reviewed the job description for this CPT program.

By checking this box, I certify that I have attached and reviewed the evaluation/grading details for this CPT program.

By checking this box, I certify that the job duties for the CPT program directly relate to the student's major.

Name of College Internship coordinator or Academic Advisor: _____

Signature of College Internship Coordinator or Academic Advisor: _____ Date: _____