

**Student Information**

CGU ID# 254 - \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Department/Program \_\_\_\_\_

Degree \_\_\_\_\_

**Description of Training Program**

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Position Title: \_\_\_\_\_

Number of Hours Per Week: \_\_\_\_\_ Part-Time (20 hours or less) \_\_\_\_\_ Full-Time (More than 20 hours)

Start Date (mm/dd/yy): \_\_\_\_\_ End Date (mm/dd/yy): \_\_\_\_\_

Name, Telephone, and/or email of Training Supervisor: \_\_\_\_\_

- *Students enrolled in coursework must receive CPT authorization each semester or module*
  - *Students enrolled in doctoral study may be approved for CPT on a year to year basis*
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**DESCRIPTION OF THE TRAINING PROGRAM** (to be completed with your Academic Advisor)

1. Goals and objectives of the specific training program.

2. How does the training relate to the student's major field of study?

3. Why is the training an integral/critical part of the exchange visitor student's academic program?  
(If the student has completed his/her program, explain how this training is a direct application of the program of study).

**Department Authorization:** As the student's Academic Advisor I have set forth the nature and details of the "Academic Training" Program listed above. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. With my signature below, I recommend that you authorize this individual to participate in the "Academic Training" program that I have described.

Academic Advisor Name & Title: \_\_\_\_\_

Academic Advisor Signature (required): \_\_\_\_\_

Date: \_\_\_\_\_