



THE MASTER'S  
UNIVERSITY



THE MASTER'S  
SEMINARY

## International Student Office

### Curricular Practical Training (CPT) Application

#### **Section 1: Personal Information:**

*(To be completed by student)*

Student's Full Name: \_\_\_\_\_  
 (As seen on passport)      Last Name                              First Name                              Middle Name

1-94 Number: \_\_\_\_\_      SEVIS ID#: \_\_\_\_\_

TMUS ID#: \_\_\_\_\_      Dorm and Room #: \_\_\_\_\_

Major: \_\_\_\_\_      Degree:  Bachelor's     Master's     Doctorate

U.S. Address: \_\_\_\_\_  
    Street                              Apt/Box#  
 \_\_\_\_\_  
    City                              State                              Zip

#### **Section 2: Training/Internship Information**

*(To be completed by internship supervisor)*

Company/Organization: \_\_\_\_\_

Company Address: \_\_\_\_\_  
    Street                              Apt #  
 \_\_\_\_\_  
    City                              State                              Zip

Supervisor's Name: \_\_\_\_\_      Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_      Email Address: \_\_\_\_\_

CPT Term:     Fall     Winter     Spring     Summer

Internship Start Date – End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

CPT Type:  Part-time CPT (20 hours or less/week)     Full-time CPT (more than 20 hours/week)

### ***Section 3: Academic Department Verification and Recommendation***

*(To be completed by academic advisor)*

By law (in order to qualify as Curricular Practical Training), the proposed internship must be part of the established curriculum for the student's program of study. Normally, this means the internship must fulfill a requirement or course description listed in the TMU Academic Catalog. Please complete the following information in order to verify that this proposed internship meets CPT requirements:

Student's Academic Major: \_\_\_\_\_

Student's Expected Degree Completion Date: \_\_\_\_\_

Academic Requirement Fulfilled by Proposed Internship:

Course Name: \_\_\_\_\_

Course number: \_\_\_\_\_

TMU Catalog edition and page number (e.g. 2010-2011, pp. 72): \_\_\_\_\_

Number of units to be awarded: \_\_\_\_\_

Semester when units will be awarded (e.g. Fall 2011): \_\_\_\_\_

### ***Section 4: Certification***

The following individuals certify that the student's internship/training is part of curriculum and integral to the completion of the student's degree. The internship/training site supervisor and a TMU faculty member verify that there is an academic component to the internship/training. A TMU faculty member will supervise the completion of a project, data analysis, or course.

Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internship Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TMU students – submit to Josh English at [iso@masters.edu](mailto:iso@masters.edu) or upstairs King Hall.

TMS students – submit to Christine Dixon at [cdixon@tms.edu](mailto:cdixon@tms.edu).

FOR OFFICE USE:

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

Date Emailed/Completed: \_\_\_\_\_