

CURRICULAR PRACTICAL TRAINING (CPT)
DEPARTMENTAL RECOMMENDATION

Last Name	First Name	UFID	Telephone Number
E-Mail	College	Major	Degree Level

STUDENT: Do **NOT** complete any of the below information. It **MUST** be completed by your academic department.

ACADEMIC ADVISOR / GRADUATE CHAIR: The above mentioned student is applying for **CPT**. To better evaluate the student's request, please assist this office by completing the following:

- Has the student completed all course *and* credit requirements? YES NO
 - Total number of credits required for degree: _____
 - Number of credits completed prior to internship: _____
- What is the student's expected graduation semester and year? Fall Spring Summer 20____
- If graduate student, is the student: Thesis Non-Thesis
 - If the student is Non-Thesis, please complete the attached degree audit form.
 - If the student is conducting this CPT in their final semester, the attached degree audit form is not required.
- The student must receive academic credit in order to be eligible for CPT authorization.
Please list the course information: **Course No.:** _____ **No. of Credits:** _____
- Is this internship required or optional for degree completion? REQUIRED OPTIONAL
 - If *optional*, will these credits count towards the student degree requirements? YES NO
 - If *optional*, are the objectives of the internship in direct relation to the student's major field of study and thus a relevant part of the degree program? YES NO
- In brief, please describe how this internship is **ACADEMICALLY** relevant to the goals & objective of the student's major and degree program. A career-oriented answer is invalid.

By signing this form, I acknowledge that the student is making normal progress towards their degree completion.

Graduate Coordinator

Academic Advisor's Signature	Title:	Date
John M. Shea		jmshea@ufl.edu
Print Name	Tel:	Email:

CPT DEGREE AUDIT FORM
FOR NON-THESIS STUDENTS ONLY

Last Name _____ First Name _____ UFID _____ Telephone Number _____

The below degree audit must be completed by the student's **ACADEMIC ADVISOR / GRADUATE CHAIR** in collaboration with the student.

CPT should **not** cause a delay in the student's normal progress towards degree completion. Please list the remaining courses which the student has left to complete their degree program and the semester/year in which they will enroll for each course. If additional space is needed, please print & attach an additional copy of this form.

Semester:		Year:
No. Credits:	Course Number:	

Semester:		Year:
No. Credits:	Course Number:	

Semester:		Year:
No. Credits:	Course Number:	

Semester:		Year:
No. Credits:	Course Number:	

By signing this form I acknowledge that the student will continue to make normal progress towards their degree, and the authorization of an internship **will not postpone** the student's graduation.

Graduate Coordinator

Academic Advisor's Signature _____ Title: _____ Date: _____
 John M. Shea _____ jmshea@ufl.edu
 Print Name _____ Phone: _____ Email: _____