



## Curricular Practical Training (CPT) Application

### **Student Information**

Full Name: \_\_\_\_\_

RWU Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Employment Information**

Position title (i.e., intern, law clerk): \_\_\_\_\_

Company/Employer: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Supervisor phone and email: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

### **Academic Information (check all that apply):**

- This training is required to complete the degree.
- This training is for academic credit that is directly related to their course of study.

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Number of credits: \_\_\_\_\_

### **Associate Dean or Registrar Approval:**

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

### **Student Certification:**

I understand that I am only allowed to work as noted above. If anything changes with regard to this employment/training opportunity I will contact the Associate Dean or Registrar and my DSO.

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