



Goldey-Beacom College

CPT Application Form for International Students

PERSONAL INFORMATION (To be completed by student)

Name _____ Student ID# _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone (____) _____ Home Country _____
 Email _____

REQUIRED DOCUMENTS TO REQUEST CPT APPROVAL

- CPT Application Form for International Students
- CPT Employer and Student Agreement Form
- Current Resume
- Job description *(on company letterhead with employer signature for verification)*

What do you hope to achieve from this position?

COMPANY INFORMATION (To be completed by employer) Please allow a minimum of 1 full week for approval after submission

Name of Company where CPT will occur? _____ CPT Start Date _____
 Company Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
 Name of Supervisor _____ Signature of Supervisor _____
 Supervisor's Title _____
 Supervisor Email _____

Position/title of job/internship _____ Is the CPT: Full Time Part Time
 Duties and responsibilities *(Please attach on separate paper on company letterhead with employer signature for verification)*

ACADEMIC INFORMATION (To be completed by Academic Advisor)

Student degree: Graduate Undergrad Concentration/Major _____ Current GPA _____
 Total # of completed credit hours _____ Number of Credits for this CPT _____ Expected Graduation Date _____
 Student attended GBC/in the United States pursuing an academic degree for 1 full academic year? Yes No
 CPT Start Date _____ CPT End Date _____

COURSE NUMBER CODES								
3 Credits Undergrad			1 Credit Undergrad			1 Credit Graduate		
<input type="checkbox"/> ACC 456	<input type="checkbox"/> CIS 457	<input type="checkbox"/> MGT 456	<input type="checkbox"/> MKT 457	<input type="checkbox"/> ACC 297	<input type="checkbox"/> MGT 297	MBA 656 MBA 657 MBA 658		
<input type="checkbox"/> ACC 457	<input type="checkbox"/> FIN 456	<input type="checkbox"/> MGT 457	<input type="checkbox"/> CIS 297	<input type="checkbox"/> MKT 297				
<input type="checkbox"/> CIS 456	<input type="checkbox"/> FIN 457	<input type="checkbox"/> MKT 456	<input type="checkbox"/> FIN 297					

SEMESTER/SESSION INTERNSHIP SHOULD APPEAR ON SCHEDULE

Year	Course #	Credits	Session	Year	Course #	Credits	Session	Year	Course #	Credits	Session
			Fall - 16 wk				Spring - 16 wk				Summer - 16 wk
			Fall Session I				Spring Session I				Summer Session I
			Fall Session II				Spring Session II				Summer Session II

ACADEMIC APPROVAL

Signature/ Approval of Career Services _____ Date _____

Signature of DSO Assisting Student _____ Date _____

APPROVED DENIED

Final Approval Dean of Enrollment Management _____ Date _____

Comments _____

CONFIRMATION

For office use only (Make copy for student's folder, send original to Career Services)

Internship entered in Jenzebar/EX Date _____

Academic Advisor signature _____