



Alcorn State University  
Office of Admissions  
Application for **Curricular Practical Training**

TO BE COMPLETED BY STUDENT (typed)

Student's Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Program of Study: \_\_\_\_\_

I have received an offer letter of employment for dates listed below. CPT authorization is for this employer listed below only.

Proposed Employment: \_\_\_\_\_

Name of CPT Employment/Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Address of Potential Employer/Supervisor: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you received CPT before: Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer is yes, list date(s): \_\_\_\_\_

This CPT request is an integral part of the student's established curriculum and the offer letter meets the requirements of the program of study. Advisor's Name: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ADVISOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DSO

\_\_\_\_\_  
DATE

Approved

Denied