



Alcorn State University
Office of Graduate Studies
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): _____

SIGNATURE OF STUDENT

DATE

SIGNATURE OF DSO

DATE

Approved

Denied