

Curricular Practical Training Request Form

ANTIOCH UNIVERSITY

SANTA BARBARA
602 Anacapa Street
Santa Barbara, CA 93101
805-962-8179 · Fax: 805-962-4786

Student Name: _____ ID#: _____

Email: _____ Phone: _____

Program:

- BA Education MACP MBA PsyD

I am requesting Curricular Practical Training (CPT) (check one):

- Part-time (up to 20 hours/week) Full-time (more than 20 hours/week)

I am requesting CPT in my final quarter:

- Yes No

If "yes," list your final quarter schedule: _____
CPT-related credits cannot be the only credits on your schedule in your final quarter.

Requested CPT Start Date: _____ End Date: _____

I understand that I must register for and complete the credits indicated by my Advisor. Failure to do so may result in loss of F-1 status and ineligibility for future F-1 benefits.

Student Signature*: _____ Date: _____

**Please note that an electronic signature is only valid when using an Antioch email account.*

To be completed by Academic Advisor:

Is the above named student making normal progress toward his/her education objective?

- Yes No _____ term, 20 _____

Student is expected to complete his/her education objective

The proposed Curricular Practical Training (check one):

- is required for the student's degree program.
 is an optional but integral part of the established curriculum and directly related to the student's major area of study. The student will earn the following credit for each quarter of authorized CPT:

_____ _____ FA 20 _____ WI 20 _____ SP 20 _____ SU 20 _____
Number of Credits Course Number Circle all that apply

Advisor Name: _____

Advisor Signature: _____ Date: _____

P/DSO Name: _____

P/DSO Signature: _____ Date: _____