

Thesis (Plan A)/Project (Plan B) Advisor's CPT Approval

Student Name: _____ Red ID#: _____
 Last First M

Semester of CPT: _____ Number of Hours per Week: _____

Name of Employer: _____

Job Description (a brief description): _____

THESIS/PROJECT CHAIR APPROVAL

Check which plan:

Thesis - Plan A Project - Plan B

I approve the thesis student whose information is stated above be allowed to use Curricular Practical Training in the _____ semester for _____ hours.

Thesis/Project Chair's Name (Print Name): _____

Thesis/Project Chair's Signature: _____ Date: _____