

Request for Full time Curricular Practical Training (CPT) during the Fall/Spring semester

Student Information	n:	
Today's date:	Name:	
W#:	Semester requested	l:
Must have support from Must remain in a full cre during the fall and sprin Must have the accompa		
*By signing below,	I agree:	
I have a cumulatI understand tha	t I must be enrolled in full credit ho ive/overall 3.0 GPA or above. t this is a request and not a guarant s request is per semester.	·
Student Signature: _	Date:	
Faculty/Academic A	dvisor Signature:	Date:
	To be completed by	ISSC
Date received:	By:	
GPA:	Credit hours (FTF/HYB/ONL/V	TL):
Date Processed	Bv·	