



## I.

Last Name	First Name	Student ID Number	
Course Title	Course Number	Practicum Start Date	End Date
Faculty Member	Employer Name	Employer Address	
Documentation Requ	iirements:		
☐ Letter from your	r employer according to the followi	ng instructions:	
	company letterhead	3	
	e approximate number of hours wo	rked per week	
	rt and end dates of employment	·	
	e approximate number of hours wo	rked per week	
<ul> <li>List the sale</li> </ul>		·	
<ul> <li>List the sup</li> </ul>	pervisor's name from the catalog		
•	ourse description from the catalog		
. ,	ent in the class (screen shot of Stud	dent Planning page, drop/add fo	rm, or transcript)
For the Advisor t	o Complete		
work for the above class work experience are ar The student should be in order to evaluate the	student listed above and agree to ss, the student must engage in an continuous integral part of the Cedarville Uninefit significantly from this experience student's performance. I recommodil in this course and experience.	off-campus employment experient versity curriculum and the stude nce. I will communicate with the	nce. This course and the nt's major area of study student's employer
Advisor's Name (please print)			
Advisor's Signature		Date	
	Student Services to Complication and determined that the stu		he curricular practical
training.		,	,
Verify student el	ligibility for CPT		
Update the stud	lent's SEVIS record with CPT author	ization	
·	or the student showing authorization		

DSO Signature Date

DSO Name (please print)