



Curricular Practical Training One Term Renewal

This CPT Authorization can be renewed for an additional term (Fall, Spring, Summer). A student, employer and Academic Program Administrator or Internship Coordinator signature is required.

Student Printed Name: _____

Student Signature: _____ **Date:** _____

Position Title: _____

Position is: Full Time (>20 hours/week) Part Time (≤ 20 hours/week)

Employer: (Please note any changes to this student’s role in the upcoming term)

By signing you, the employer/supervisor confirm that the internship will continue to directly support the curriculum of the student’s academic program.

Employer Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

The student’s CPT approval is for (term & year): _____

This internship will fulfill the requirements of OR directly supports the curriculum for the following NWTC course:

Class Catalog number _____ **Course title** _____

Approval from academic program dean, associate dean or internship coordinator:

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____