Part I (to	be com	pleted by	the student)
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Name:		School/Academic Department:					
Degree	Expected:		Major or Field of Study:				
Date of	Expected Graduation	:					
•	1 0		eived an offer of employ r this employer and the		· ·	and dates listed b	elow. I further
Propos	ed Employment:						
Name	of CPT Employer:						
Actual	Street Address of Emp	loyer (No P.O.	Boxes):				
City:		State:	Zip Code:		Employer Phone	Number:	
Start D	ate of Employment:	I	End Date of Employme	nt:		OFull Time	OPart Time
Duties	of Job:						
Have y	ou ever been granted f	ull time CPT b	efore? Oyes O) no	If yes, please pro	vide dates:	
U.S. in require	migration regulations	require that C the curriculur	demic adviser and/or urricular Practical Trair n. Please indicate the s tudent.	ning be	e used by students		
0	The proposed employment is based on a degree requirement. Please describe the requirement and indicate the reference in your school's bulletin:						
0	The proposed employment is based upon the awarding of course credit. Please list below the course name, title, number of course credits, a brief description of the course requirements and method of evaluation:						
0	The employment is necessary for the student's doctoral dissertation research. Please attach a letter on Yale letter- head written and signed by your academic advisor detailing how the proposed employment is essential for the development of your dissertation. Please obtain a signature from the Graduate School Associate Dean or Assistant Dean as confirmation that this activity is sanctioned by the Graduate School and that you will continue to be a registered student during the requested period.						
Acadom	ic Advicer Signature			nto		Phone Nu	mbor

Academic Adviser Signature (not required for School of Music students only)	Date	Phone Number	
$\label{eq:school} Associate \ or \ Assistant \ Dean \ of \ the \ Graduate \ School \ (required \ for \ PhD \ students \ only)$	Date	Phone Number	