

## Academic Advisor Verification for CPT

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Who can fill out this form?

**College of Science & Engineering (CSE):** CSE Academic Advisors: Bayou 3611

**College of Business (COB):** COB Academic Advisors: Bayou 2111

**College of Education (COE):** COE Academic Advising, Director of Student Relations: Bayou 1237

**College of Health Sciences & Humanities (HSH):** Check with your Program Faculty

1. While working/volunteering during the \_\_\_\_\_ semester, the student will earn  
Semester & Year  
academic credit for \_\_\_\_\_.  
Course Name & Number

2. Choose One:

\_\_\_\_\_ The course **is listed** as a course requirement or elective on the student's Candidate Plan of Study (CPS).

\_\_\_\_\_ The course **is not listed** on the student's CPS, but is a course listed in the academic catalog for the program and is an elective option.

3. **Yes** or **No** (circle one): I have reviewed the student's CPS and determined that the student's participation in this course will **not delay** the student's program completion. I have also provided an audited CPS to the student.

**Note to Advisor: If you do not agree with the statements above, do not sign the form.** The student will not be eligible for this type of work authorization if the statements are not accurate for the student's situation. You can inform the student why you cannot sign the form and direct the student to speak with his/her International Student Advisor.

Academic Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor Name: \_\_\_\_\_