

CURRICULAR PRACTICAL TRAINING
Mt. San Antonio College

TO BE COMPLETED BY THE STUDENT:

Please return this form to your Designated School Official at the Admissions Office.

| | | |
|------------|--------------|-------------|
| Last Name | First Name | Middle Name |
| Student ID | Phone Number | E-Mail |
| Signature | Date | |

TO BE COMPLETED BY THE ACADEMIC DIVISION:

| | | |
|---|---------------------|----------------|
| Course ID | Course Title | Reference # |
| Employment Start Date | Employment End Date | Hours per Week |
| Student's Job Title: _____ | | |
| Employer's Name: _____ | | |
| Employer's Address: _____ | | |
| Supervisor's Name & Phone Number: _____ | | |

Please briefly describe how the employment is related to the student's academic major.

| | | |
|------------------|-----------|------|
| Faculty Advisor | Signature | Date |
| Department Chair | Signature | Date |

TO BE COMPLETED BY THE INTERNATIONAL STUDENTS COUNSELOR:

Is the CPT an integral part of an established curriculum of the student's course of study? Yes No
Is the student in good academic standing? Yes No

| | |
|-----------|------|
| Signature | Date |
|-----------|------|