

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
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