



Application for Undergraduate CPT Independent Study

CPT Independent Study is designed to provide work experience in the U.S. in situations where the work serves as an integral part of a student’s academic program and an established curriculum, usually undertaken in the summer.

To earn academic credit and complete the course, you must produce a tangible, **academically-based** product for your grade and credit at the end of the internship. You must identify a member of the **SEAS Faculty** who is willing to act as your **CPT Independent Study Advisor**, and take responsibility for issuing your final grade.

Upon approval, you will be registered for an “EAS 099” course for 0.25 CU of credit. You may only register this with the PF grade option. You may use this credit to satisfy Free Electives only. If you do not fulfill the terms of your proposal, you will be issued an “F” for the course. It is imperative that you complete your work as per your proposal during the CPT authorization period.

INSTRUCTIONS:

1. Formulate a **Project Proposal**. The **Project Proposal** should be a brief document, consisting of:
 - i. Introduction
 - ii. Statement of the problem or objective of the project
 - iii. Results expected
 - iv. Manner of presentation of results (e.g. a final written report, demonstration, etc.)
 - v. Method of evaluation for project for grade
 - vi. References (where appropriate)
2. Meet with your proposed **Independent Study Advisor** to discuss your proposal.
3. If your Independent Study Advisor is not your assigned Faculty Advisor, meet with your assigned Faculty Advisor to discuss your proposal, and also how this credit will be used to satisfy your curriculum requirements.
4. **You must attach a copy of your Project Proposal and your job offer letter to this form.**
5. Submit this completed and signed form to the Research and Academic Services (RAS) Office in Towne 109.

Term Degree Expected: _____ Today’s Date : _____

Name of Student: _____ Student ID# : _____

Email Address: _____ Tel #: _____

Major: _____ Faculty Advisor Name: _____

Term to be Registered: [] Summer Year: 20_____

Project Title:

Independent Study Advisor (print name): _____

Tel: _____ Email: _____

Independent Study Advisor Sign-off:

Signature: _____ Date: _____