

Faculty Agreement to Supervise Curricular Practical Training Independent Study – Academic Paper

Student Name:		
Class of:		
Employer:	for sumn	ner of:
The CPT Independen	t Study will be added to your schedule in	the fall following your summer work experience
Please submit this for	rm to the Registrar's Office before the end	of the add/drop period of your fall semester.
advising faculty mem		e completed by the end of the fall term. The Office by the end of the fall grading deadline exam).
Please describe briefl	y the nature of the Independent Study:	
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*Please note that an independe	ent study supervised by adjunct faculty will require the app	proval of the Deputy Dean for Academic Affairs.
Grades for CPT Independent	Study are graded Pass/Fail only.	
I agree to supervise th	ne 1 credit CPT Independent Study as desc	cribed above:
	Faculty Supervisor Name	-
	Faculty Supervisor Signature	Date
	Associate Dean's Signature (if required)	Date