

DEPARTMENT OF COMPUTER SCIENCE

CURRICULAR PRACTICAL TRAINING FORM

Student Name : _____

A-Number : _____

Major Professor AND CO-OP SIGNATURES

- Approval of major professor _____
- Signed by department CO-OP coordinator _____

Student Signatures

- Only one semester at a time _____
- Registered and paid for 3 credit of CS6250 _____

(Note: This Course cannot be included on your POS)

Office Use Only

Committee formed date _____

Faculty informed of CPT (3 days) _____