



**GRADUATE CO-OP PROGRAM (GCP) ADMISSION/CONTINUATION FORM**

**REMINDER:** Students may not withdraw from the GCP after beginning a Co-op.

Name of Student: \_\_\_\_\_  
(Please Print)

Student ID: \_\_\_\_\_

Student Status: Domestic or International (please circle one)

Degree Program

Enrolled in: \_\_\_\_\_

Credit Hours Earned: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Number of Quarters Enrolled: \_\_\_\_\_ Cumulative G. P. A. \_\_\_\_\_

**Co-op Period desired:** (please circle one) *Summer/Fall* or *Fall/Winter*

Title of position or description of job \_\_\_\_\_

Company Name: \_\_\_\_\_

Supervisor's name: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's e-mail: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

**NOTE:** A Detailed Plan of Study must accompany this form.

**THE STUDENT IS RESPONSIBLE FOR OBTAINING ALL THE NECESSARY SIGNATURES BELOW**

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

*The above student acknowledges that he/she has read and understands the rules for enrolling in the above Graduate Co-op program.*

**Administrative Offices**

This student is approved for admission/continuation in the GCP.

Academic Advisor \_\_\_\_\_ Date \_\_\_\_\_

Graduate Co-op Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Graduate Studies Office \_\_\_\_\_ Date \_\_\_\_\_

ISSS (if international applicant) \_\_\_\_\_ Date \_\_\_\_\_





## Curricular Practical Training (CPT) Application

(for International Students only)

CPT is an authorization required to participate in an off-campus co-op, internship, practicum, or any other type of employment that is directly related to a student's field of study and an integral part of his/her current academic curriculum still in progress.

By completing and signing this application form, the student and your co-op coordinator and/or academic advisor confirm that the proposed CPT participation is:

- 1) Required by the student's degree program to complete his/her program of study; or
- 2) The student will receive academic credit for the CPT participation that will count towards the achievement of his/her degree

### SECTION A: - Student Acknowledgement (*To be completed by the student*)

- I understand that my CPT participation must fulfill a specific academic objective, and is not appropriate for general professional development in my field of study
- I understand that I must maintain the CPT associated course enrollment throughout my CPT period
- Full-time CPT (more than 20 hours per week) may only be authorized during the annual vacation quarter, or for participation in the University's co-op program during the regular academic year
- I understand that I may only enroll in a maximum of one additional course, if approved for full-time CPT
- I understand that ISSS may request additional information at any time during the CPT application process
- I understand that my authorization is limited to the employment as outlined in this application
- I must update ISSS of any employment interruptions, while on authorized CPT
- I must plan ahead and allow ISSS a minimum of two business days to complete the review and approval of a completed CPT application

I have read and understand the above rules and regulations pertaining to CPT, and I confirm that I will consult with ISSS if I am unclear about my rights and/or requirements pertaining to my employment options.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
(as it appears in passport) (as it appears in passport)

Drexel Student ID # \_\_\_\_\_ SEVIS ID # N \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_