CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION
(This form replaces U.S. Department of Justice Form I-538)

SECTION A  This section must be completed by the student.
(Please print or type clearly).

<table>
<thead>
<tr>
<th>Name: Last</th>
<th>First</th>
<th>Middle</th>
<th>Date of Birth</th>
<th>Office Use Only:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(mm/dd/yyyy)</td>
<td>Approved: ______</td>
</tr>
</tbody>
</table>

Name of Company/Organization: _______________________________________
Address: ____________________________________________________________

Level of Education:  SOPH                      JR     SR                       GR
(Circle One)

Beginning Date of CPT:                                Ending Date:

Student Signature:               E-Mail Address            Telephone

* Your employer letter must accompany this form.

SECTION B  This section must be completed by your academic advisor.

I, __________________________(Academic Advisor), certify that this employment practical training/internship is a required and integral part of the educational experience of the above named student within his/her program of study.

Signature of Academic Advisor:  Date:

_______________________________        _____________________________

SECTION C  This section must be completed by a designated school official (DSO/PDSO) of the school the students is attending.

The student named above is expected date of completion is: ________________

Name and title of DSO/PDSO:     Signature of DSO/PDSO:     Date:

________________________________        _____________________________        ____________

Please submit to tjones@udc.edu