VILLANOVA
UNIVERSITY
College of Engineering

Request for Approval
EGR 9150 Professional Development/Curricular Practical Training

Date: _____ **Student ID:** _____

Name: _____ _____ _____
Last **First** **MI**

Employer Information

Name of Company: _____
Location: _____
Job Description: _____
Attach if more space is needed.

Supervisor Contact Information

Name: _____
Email Address: _____
Telephone: _____

❑ You must include/attach a copy of your Employer offer.

Signatures

_____ _____
Student Signature **Date**

_____ _____
CPT Supervisor (Advisor) **Date**

- The CPT supervisor is asked to sign this form in agreement that as overseer of the student's work they will provide feedback and final grade (P/F) for the student at the end of the work student period.
- After completion of CPT, advisor must assign grade and return form to Graduate Programs Office by the semester grade deadline.

Student successfully completed EGR 9150.
Final Grade: ☐ Satisfactory ☐ Unsatisfactory

_____ _____
Advisor **Date**

May 2017