

Advisor Recommendation	
Advisor Name	
Title	
Department	
Email	Phone Number
How does this internship fit the student's degree program or academic requirements?	
Has the student finished all program requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expected Graduation Date:	
Which box best describes the reason for this CPT recommendation?	<input type="checkbox"/> Required (all students in this major must do an internship to satisfy the graduation requirements as listed in the degree catalog) <input type="checkbox"/> An Integral Part of the student's curriculum and is relevant to their academic program
Internship Course Info:	Course Name
	Course Number
	Semester Enrolled
	Credit Hours
Advisor's Signature _____	Today's Date _____

Return completed form to student who will present it to:

INTERNATIONAL STUDENT ADMISSIONS & PROGRAMS

Mandeville Hall

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