

Final Semester Course Enrollment

International Student and Scholar Services

North Decatur Building Suite 130 ● Tel: +1-404-727-3300 ● www.iss.emory.edu



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*This form is required for any F-1 student applying for Curricular Practical Training authorization during their final semester. **Student Instructions:** Please enter the course name, course number, and credits hours for each course in which you will enroll in your final semester and bring the form to your academic advisor or dean to complete the remainder of the form. Please upload the signed form in the CPT Request e-form in ISSS Link. **Academic Advisor/Dean Instructions:** Please verify the mode of delivery for each course and whether it is a degree requirement. A “degree requirement” includes any course that will fulfill a minimum requirement (in terms of credit hours, major requirements, general education requirements, etc.) needed for graduation. For questions, please contact International Student and Scholar Services.*

Student’s Name: _____ **Student’s ID:** _____ **Student’s Final Semester:** _____

To be completed by student			To be completed by Academic Advisor or Dean		
Course Name	Course Number	Credit hours	Mode of Delivery	Required for Degree?	Remarks
1			<input type="checkbox"/> In-person <input type="checkbox"/> Online/Distance <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			<input type="checkbox"/> In-person <input type="checkbox"/> Online/Distance <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> In-person <input type="checkbox"/> Online/Distance <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> In-person <input type="checkbox"/> Online/Distance <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> In-person <input type="checkbox"/> Online/Distance <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6			<input type="checkbox"/> In-person <input type="checkbox"/> Online/Distance <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7			<input type="checkbox"/> In-person <input type="checkbox"/> Online/Distance <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8			<input type="checkbox"/> In-person <input type="checkbox"/> Online/Distance <input type="checkbox"/> Other (Please explain)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Advisor/Dean Name: _____ **Advisor/Dean Signature:** _____ **Date:** _____