ORAL ROBERTS UNIVERSITY

SCHEDULE A — CPT PLACEMENT SCHEDULE

(one per student)

Incorporates and is governed by the Cooperative Agreement between Oral Roberts University and Employer.

Student Name	
Student Z Number	
Degree program / major	
Employer legal name	
Worksite physical address (incl. remote address if applicable)	
On-site supervisor (name, title, email, phone)	
Position title	
Description of Duties (attach current job description identifying the student's duties and responsibilities)	
Placement start date / end date	
Required curricular training period dates / hours	
Hours per week (☐ ≤20 part-time ☐ >20 full-time)	

Curricular Placement Certification: This placement is consistent with the current Academic Program Certification of CPT on file with ISR and is part of an Established Curriculum in which practical training is integral and required. The placement is directly related to the student's major, completed through the required curricular component, and within the practical training period established by the curriculum.

Required course or curricular component: _____.

Academic Semester: _____

Academic Program Certification on file with ISR: ☐ Yes ☐ No

Program Chair: _____ Date: _____

College Dean: _____ Date: _____

Supervisor acknowledgment: I confirm the information above and agree to the terms of the Cooperative Agreement.

Supervisor signature: _____ Date: _____

Student signature: _____ Date: _____