### ADVISOR AUTHORIZATION FORM

**Curricular Practical Training**

<table>
<thead>
<tr>
<th>Date</th>
<th>Student's Name</th>
<th>PSU Student ID</th>
<th>Student's Major</th>
<th>Degree Level</th>
<th>Anticipated Graduation Date</th>
</tr>
</thead>
</table>

- **Check here if the student is a Hotel, Restaurant & Tourism Management (HRTM) major.** Students with this major are required to complete 800 hours of hospitality industry work experience to complete a bachelor’s degree.

If the student is **not an HRTM** major, please indicate the course number associated with the practical training experience: __________. This course confers _____ semester hours of credit as listed in the undergraduate/graduate catalog.

- **Semester of Course Enrollment**

Practical training will be ______ full time (>20 hours/week) ______ part time (<= 20 hours/week)

I certify that the above named student will be making normal progress toward completing his/her degree while pursuing practical training. This experience will enable the student to complete the requirements for the above named course and gain practical application of the principles learned therein.

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Signature, Faculty or Academic Advisor

Name, Faculty or Academic Advisor (Please Print)

Department/School

E-mail Address

(518) 564 - Phone Number

International Student Advisor / Date

International Student Advisor / Date