



International Programs

Student Request for CPT

This form is to be completed by the student. Answer all questions; the application will be returned if any items are left blank. You must be enrolled in classes for the semester before receiving CPT approval.

Student Information:

Student's Name: _____ Major: _____

Requested Authorization Period:

Start date: (m/d/y) _____ End date: (m/d/y) _____ Hour per week: _____

Specific start and end dates are REQUIRED in order to process your CPT request.

Employer Information:

Name of CPT employer: _____

Physical address of employment location: _____

City: _____ State: _____ Zip: _____

Name of supervisor: _____ Supervisor's title: _____

Supervisor's telephone: _____ Supervisor's email: _____

CPT Learning Goals:

Why is this training opportunity essential to your academic program? _____

Student Certification:

By signing below, I verify that the proposed Curricular Practical Training is integral to my program of study. I am registered for the correct course related to the training opportunity. I understand that working without prior authorization constitutes illegal employment and will result in the termination of my F-1 status.

I confirm that the following forms are attached:

- Academic Chair Form**
- Instructor CPT Objectives Letter**
- Employer Hire Letter**
- Syllabus**

Student's signature

Date

International Programs Notes: CPT Approved CPT Denied (reason): _____

Reviewed by : _____ 2nd Review: _____

Date: _____

Date: _____