



CURRICULAR PRACTICAL TRAINING(CPT) REQUEST FORM

STUDENT NAME _____
Last First Middle

STUDENT ID # _____ SEVIS I-20 ID # _____

PHONE # _____ E-MAIL (Print Clearly) _____

ENROLLMENT DATE: SPRING SUMMER FALL WINTER OF _____
(YEAR)

LEVEL OF EDUCATION: (Check #4 of current I-20) _____

MAJOR (Check #5 of current I-20) _____

REQUESTING (Check one): PART TIME CPT (20 hours or less per week)
 FULL TIME CPT (CPT beyond 12 months, can not apply for OPT)

CPT START DATE: From _____ To _____

CPT COURSE REGISTERED FOR IS: _____
CPT Course must have been approved by the Office of the Registrar. CPT must be related to the course of the study.

DEGREE PROGRAM COMPLETION DATE: _____
CPT is not allowed during the students final term.

NAME OF EMPLOYER: _____
Company Name Director/Manager's Name

EMPLOYMENT ADDRESS: _____
Street City State Zip Code

EMPLOYMENT TELEPHONE: _____

DOCUMENT NEEDED TO SUBMIT WITH CPT REQUEST FORM:
- Job Offer Letter
- Copy of I-20 (page 1 & 3)
- Copy of most recent I-94 (both side)

Student Signature _____ Date _____

Office Use Only:

Above CPT is an integral part of the established curriculum. Course#/ Credits _____
 is not an integral part of the established curriculum

Academic Dean's Name/ Signature _____ Date _____

Student is eligible for CPT authorization.

DSO's Name/ Signature _____ Date _____