

Curricular Practical Training Authorization Request Form

Curricular Practical Training is off-campus employment or training that is a course requirement and is directly related to your field of study. You must speak to an advisor in International Programs or attend a CPT Workshop before requesting CPT. Before beginning any form of employment or training off campus, you must receive authorization. You can work no more than 20 hours per week when school is in session, and only during the authorized work period on your current I-20 and for your current employer.

Be sure that you have the following before requesting CPT:

- **Completed CPT Authorization Request Form signed by faculty advisor**
- **Class schedule proving your registration for an internship course and its description**
- **Original job offer letter from company or organization including employer address**

Student Information

Student Name: _____ Email address: _____
 SID 885- _____ Phone: _____
 Program of Study: _____ Today's Date: _____

Academic Information

Course Number and Course Name: _____
 Quarter and Year of the course: Fall _____ Winter _____ Spring _____ Summer _____
 Credits: _____ *you must be registered in the course during the academic term that you are participating in the training
 Official course description from the college catalog verifies practical training is required for course completion: Yes _____ No _____

Employment Information

Employer Name: _____ Job Title: _____
 Start Date of Employment: _____ End Date of Employment: _____
 Employer Full Street Address: _____
 Please describe the main objectives of the employment position and how it fulfills the degree requirement:

I certify that the above information is correct, and if anything changes I will contact International Programs:

Student Signature: _____ **Date:** _____

Faculty Advisor Certification

I certify that the above information is correct, that I have reviewed the job offer letter and that the training is an integral part of the student's established curriculum/major area of study.

Faculty/Department Advisor Signature: _____ Date: _____
 Faculty/Department Advisor Name: _____ Title: _____
 Email: _____ Phone: _____

Office Use Only

Is the student registered FT? Yes _____ No _____ Approved By _____ SEVIS Updated On _____ IO Updated On _____