



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
- Original job offer letter from company or organization including employer address
- Signature of faculty instructional advisor

STUDENT INFORMATION

Name: _____ SID#: _____
 Email address: _____ Phone: _____
 Degree Program: _____

ACADEMIC INFORMATION

Course Number: _____ Course Name: _____
 Quarter of course: Fall _____ Winter _____ Spring _____ Summer _____ Academic Year 20____
 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: _____
 Dates of Training: Start Date: _____ End Date: _____
 Employer Full Street Address: _____
 Please describe the main objectives of the training or employment position and how it fulfills the course/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 Extension: _____

OFFICE USE ONLY	
Is the student registered fulltime? <input type="checkbox"/> Yes <input type="checkbox"/> No	CPT Approved by _____ SEVIS updated on _____
DSO Signature: _____	Date: _____ Student notified by email on: _____