

Curricular Practical Training (CPT) Request Form

Instructions

or Program Director. Please return the completed form and a copy of the form for International Programs.

mic Advisor

CPT Eligibility & Reminders

Students must meet all of the following criteria to be eligible for CPT authorization:

- Must have valid F-1 status at the time of requesting CPT

- Must have been in valid F-1 program requirements (graduate students only)

- Must have a job offer letter

Please read the statements below carefully and initial next to each. By initialing next to each statement and signing this form, you are confirming that you have read, understood, and agree to abide by the following:

_____ I understand that I am eligible to work only during the dates authorized by the Center for International Programs as indicated under the Employment Authorization section of my I-20.

_____ I understand that I cannot begin working until I have received an I-20 with CPT authorization and I understand that it is my responsibility to provide a copy of my I-20 with CPT authorization to my employer.

_____ I understand that CPT authorization needs to be approved for each term. If I want to apply for another Form and a job offer letter to the Center for International Programs. I understand that failure to follow this procedure will result in illegal employment and termination of my SEVIS record.

_____ I understand that if I want to change employers in the middle of a term, I must submit an updated CPT Request Form and job offer letter to the Center for International Programs, and receive an updated I-20, before I can begin working for the new employer.

_____ I understand that working full-time on CPT for 12 months or more will make me ineligible for Optional Practical Training (OPT) after completing my degree.

_____ I understand that it is my responsibility to maintain full-time enrollment in college during the period of CPT authorization.

Student Signature

Date (MM/DD/YYYY)

Section B: To be completed by the Academic Advisor or Program Director

Name: _____

Title: _____

Email: _____ Phone Number: _____

Will the student receive academic credit for the internship or practicum experience? ___ Yes ___ No

Course Number: _____ Course Name: _____

By signing this form, you are confirming that you have read and agree to the following statement:

I have verified that the employment mentioned in the Employment Information section of this form is directly approved by the institution. Further, I approve the student to work for the number of hours and term as indicated in the CPT Authorization Information section of this form.

Advisor or Professor Signature

Date (MM/DD/YYYY)