

## CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION AND BRING THIS FORM TO YOUR APPOINTMENT.

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Last Name	First Name	Banner ID
Phone No.	Email	
Major	Degree Level	

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Expected Graduation Date (Semester and year): \_\_\_\_\_

Employment:  Full-Time (over 20 hours weekly)  Part-Time (20 Hours or less weekly)

Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Physical Work Address: \_\_\_\_\_

Employer City: \_\_\_\_\_ Employer State: \_\_\_\_\_ Employer Zip: \_\_\_\_\_

Describe how the proposed training experience will expand, complement, or complete your academic experience:

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Letter of employment offer is attached.  Letter from Academic Advisor is attached

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I, \_\_\_\_\_, understand that I may not begin my Curricular Practical Training until the PDSO authorizes it to my I-20. I may then work only for the specific employer, location and period approved and recorded by the PDSO in SEVIS. I also understand that I must be registered for the relevant course pertaining to this internship. If I withdraw from the course, I understand that I will be in violation and authorization for the internship may be cancelled.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*You will be contacted in about one week to pick up your new CPT I-20, contingent upon our office receiving complete applications.*