# F-1 Curricular Practical Training Request Form

- Student’s Name: ________________________________________
  - LAST (Family) ________________________________________
  - FIRST (Given) ________________________________________
- Student ID#: Z ____________________________
- SEVIS ID#: N ____________________________
- Email (other than z-id): __________________________________
- Phone: __________________________________
- Level of Study: ☐ Bachelor’s ☐ Master’s ☐ Ph.D.
  - Major/Department: ____________________________________

I am requesting Curricular Practical Training- CPT (check one):

- ☐ Part-Time (up to 20 hours/week)
- ☐ Full-Time (more than 20 hours/week)

I am requesting CPT in my final semester: ☐ yes ☐ no

- If ‘yes’ have you been authorized for a course underload? ☐ yes ☐ no

# EMPLOYMENT INFORMATION

Note: CPT may only be authorized on a semester basis; student must reapply each semester.

- Employer’s Name (if paid by staffing agency, enter their name here): __________________________________
- Job Title: ____________________________________________________________________________________
- Requested Start Date: ____________________________
- Requested End Date: ____________________________

I have read the CPT guidelines, and I understand that if authorized to work on CPT it is intended for practical experience in my field of study. I also understand that I must register for and complete any coursework indicated below.

- Student Signature: ____________________________________________
  - Date: ____________________________

To be completed by Academic Advisor or Graduate Advisor:

- The student named above is making reasonable progress toward his/her educational objective. ☐ yes ☐ no

- For this CPT, the student is (check any/all that apply):
  - ☐ satisfying a degree requirement
  - ☐ receiving course credit
    - Course Number: ____________________________
  - ☐ is an optional but integral part of the established curriculum and directly related to the student’s major area of study.

I understand that the information provided on this form will be used to determine this student’s eligibility for an immigration benefit. My signature certifies that I am familiar with this student’s academic program and that I am authorized by my department to make this recommendation.

- Advisor’s name: ____________________________________________
  - Phone: __________________________________
- Signature: ____________________________________________
  - Date: ____________________________

Please allow one week for processing.