

Curricular Practical Training Application: Student Section

FAMILY NAME: _____ First: _____ Middle: _____

Date of birth: _____ University ID number: _____

Date first entered the US as F-1
Or date approved F-1 by DHS: _____

Degree: _____ Major: _____

Expected completion date (month, year): _____

Local Address: _____

Requested start date (Mo./Day/Year): _____ Requested end date (Mo./Day/Year): _____

(NOTE: Employment may not begin until you have received the authorization.)

How many hours per week will you work? Please indicate with an "X" one of the following:

PART TIME: 20 Hours or Less Per Week ()

FULL TIME: More than 20 Hours Per Week ()

Name of employer: _____

Location of job (street address): _____

(City, state, and zip code): _____

Will you be working on campus during the period of your CPT authorization? If so, how many

hours/week: _____

(Total work cannot exceed 20 hours/week for all jobs during the semester, unless approved for full-time CPT. If full-time CPT is requested, ALL jobs must fulfill requirements of CPT. If this is the case, please schedule an appointment with an advisor at the OIS to determine your eligibility.)

By signing below, you confirm that you have read and agree to the terms and conditions of CPT as outlined on the Office of International Services website.

Signature: _____

Date: _____