

CPT REQUEST FORM

Today's Date (Month/Day/Year) _____ / _____ / 20__ __

FIRST _____ MIDDLE _____ LAST _____

Student ID: 98 __ - __ - __ SEVIS ID [on top left of I-20]: N 000 _____

Local Address: _____ 98 _____
Street address City Zip Code

Local Phone [required]: (____ __) _____ - _____

Email [required]: _____ @ _____ . _____

Degree/ certificate seeking (circle): AA/ AS/ AAS/ 9-12 month Short- Term Certificate/ IIC

Major: _____

I am requesting *Curricular Practical Training/ CPT* for _____ (quarter) 20__ __
____ Full-time ____ Part-time

To be completed by IEP Academic Advisor

*This student is pursuing course of study in the field of _____
Student can / cannot pursue CPT in specified field of field of study.*

_____/_____/20_____
Advisor's Signature Date

To be completed by Department Internship Coordinator/ Counselor OR the Cooperative Education Office

The arranged internship **recommended for** _____ (QUARTER) 20__ .

is an integral part of the established curriculum. Course # / Credits _____

is not an integral part of the established curriculum.

_____/_____/20_____
Advisor's Name / Signature Date

ELIGIBLE FOR CPT AUTHORIZATION _____ 20__
.....
 Internship Letter received ____/____/20__
 SEVIS UPDATED: ____/____/20__ By _____