



**International Services  
CPT Request**

Student's name \_\_\_\_\_

Student's major \_\_\_\_\_

**PART I. Obtaining permission to enroll in a class that requires internship from all its students:**

Class Number \_\_\_\_\_

Class Name \_\_\_\_\_

Semester when student is taking class:    Fall       Summer       Spring       Academic Year 201\_\_\_\_\_

Name and signature of academic advisor, instructor, or person giving student permission to enroll in class

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART II. TRAINING PROGRAM (To be filled out by prospective employer)**

Company Name \_\_\_\_\_

Company address including zip code: \_\_\_\_\_

Student's job title \_\_\_\_\_

\_\_\_\_\_

Number of weekly working hours \_\_\_\_\_

\_\_\_\_\_

Dates of training: From \_\_\_\_\_ Until \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name & signature:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART III ACADEMIC ADVISOR OR INSTRUCTOR APPROVAL AND CONFIRMATION:**

By signing part III of this form the student's instructor, advisor, or academic department confirms that the proposed training is an integral part of a established curriculum, and gives consent for the student to engage in the proposed employment. PLEASE ONLY complete part III after parts I and II have been completed.

Academic advisor or instructor's name: \_\_\_\_\_

Academic advisor or instructor's signature: \_\_\_\_\_ Date \_\_\_\_\_

**PART IV. STUDENT RESPONSIBILITY**

I \_\_\_\_\_ understand that I have to present the completed CPT form to the office of  
(Student's Name)

International Services prior to engaging in any type of employment, or training for the employment in question. I also understand that I have to be enrolled in a class requiring the CPT before applying for it, and that I am limited to a maximum workload of 20 hours a week during the spring and fall semesters.

I am aware that engaging in employment, or training for employment prior to obtaining the CPT authorization, or going over my hourly workload limit will result on termination of my status as an F-1 student and reinstatement of my F-1 status will be necessary before I can continue my studies.

Student's signature \_\_\_\_\_

Date \_\_\_\_\_