



Curricular Practical Training Application

Part I: To be completed by student

First Name:	Last Name:
Student ID:	Degree Expected:
Date of Expected Graduation:	

By completing this form, I confirm that I have received an offer of employment for the employer and dates listed below. It is my understanding that the CPT authorization is for this employer and for these dates only.

Proposed Employment

Name of CPT Employer:		
Start Date of Employment:	End Date of Employment:	Full Time or Part Time (circle one)
Specific duties of Job:		
Actual Street of Employer (No P.O. Boxes)	Employer Phone Number:	
City: State: Zip:		
Have you ever been granted full time CPT before?	If yes, please provide dates:	

Part II: To be completed by the Academic Advisor or Designated School Official

USICS regulation 8 C.F.R. §214.2 (F) (10) (i) require that CPT be an integral part of an established curriculum.

The proposed employment is an integral part of an established curriculum. Indicate your CPT relevance to the curriculum below:

Course Name: _____

Course Number: _____

Student Signature Date

Academic Advisor/Designated School Official Signature Date