



## CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

### Section A: Student Information (To be completed by the student)

Student Name \_\_\_\_\_ SEVIS ID \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Local Address \_\_\_\_\_

CT State Student ID \_\_\_\_\_ Campus \_\_\_\_\_

Program End Date on I-20 \_\_\_\_\_ Program of Study \_\_\_\_\_

Have you ever been authorized for CPT before? ☐ Yes ☐ No

### Section B: CPT Employment Information (To be completed by the student AND the program advisor)

CPT semester \_\_\_\_\_

CPT Start date \_\_\_\_\_ CPT End date \_\_\_\_\_

☐ Part-time CPT ≤ 20 hrs./week. ☐ Full-time CPT > 20 hrs./week

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

*I certify that this internship is directly related to my major. I understand that I cannot begin my internship before receiving the I-20 with CPT authorization. I understand that I can only work for the employer listed on the I-20 and during the authorized period.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### Section C: Academic Department Recommendation (To be completed by the program advisor)

Please check the box for the type of CPT you're recommending (**Required or Elective**):

**Required** ☐ All students in this program must complete an internship as a degree requirement.

**Elective** ☐ The student will earn course credit toward the degree.

Course Title and Number \_\_\_\_\_ Semester \_\_\_\_\_ Number of Credits \_\_\_\_\_

Program Advisor Name (print) \_\_\_\_\_ Email \_\_\_\_\_

Title/Department \_\_\_\_\_ Phone Number \_\_\_\_\_

*I confirm the student's employment as described in Section B of this form will fulfill the requirements for the elective course or degree program.*

Program Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_