



Curricular Practical Training – Authorization Form

Student Information

SEVIS #: N _____ Student ID: _____ Date: _____

Name: _____
Last First Middle

Address: _____
Number Street Apt. City State Postal Code

Date of Birth: ____/____/____ Phone: _____ E-mail: _____
MM DD YYYY

Current I-20 Expiration Date ____/____/____
MM DD YYYY

Internship Information

Name of Organization: _____

Address of Organization: _____

Phone/email of Organization: _____

Proposed Position Title: _____

Name of Student's Supervisor: _____

Employment start date: ____/____/____
MM DD YYYY

Employment end date: ____/____/____
MM DD YYYY

Please check one: Full-time (more than 20 hrs/week) Part-time (20 hrs/week or less)

I understand the following:

CPT is authorized for the purpose of fulfilling an academic requirement and is for a finite time for employment needed to meet the academic course requirement to obtain the grade for that class.

I may not begin employment until I have the work permission in the form of the CPT I-20 (in my hands).

This employment is employer specific for the dates listed on the I-20 form only.

Student signature _____ Date _____



Advisor Approval:

Department/program of study: _____

Curricular credit for the internship: In order for the student to qualify for curricular practical training, the student must get credit in a course.

Course Title & Number: _____

Semester student will take course: _____

How is the proposed employment related to the student's field of study? _____

As the student's Academic Advisor I have set forth the nature and details of the Curricular Practical Training program. I approve of the amount of time requested as necessary to complete the goals and objectives of the training. Therefore, I recommend that you authorize this student to participate in the academic training program described above.

(Signature of Academic Advisor) Date

(Name and title of Academic Advisor (Please print or type))