

CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION AND BRING THIS FORM TO YOUR APPOINTMENT.

Last Name	First Name	UFID	Telephone Number
E-Mail	College	Major	Degree Level

Expected Graduation Date (semester and year): _____

Employment: ☐ Full-Time (over 20 hours weekly) ☐ Part-Time (20 hours or less weekly)

Employment Start Date: _____ Employment End Date: _____

Company Name: _____

Street Address of Employment*: _____ Suite: _____

City: _____ State: _____ Postal Code: _____

**This address must be included in the employment offer letter and cannot be a PO Box.*

Describe how the proposed training experience will expand, complement, or complete your academic experience:

☐ I already have an SSN.

☐ I need to apply for an SSN.

I, _____, understand that I may not begin my Curricular Practical Training until the International Student Advisor (ISA) authorizes it on my I-20. I may then work only for the specific employer, location and period approved and recorded by the ISA in SEVIS. I also understand that I must be registered for the relevant course pertaining to this internship. If I withdraw from the course, I understand that I will be in violation of ISS Policy and authorization for the internship may be cancelled.

STUDENT'S SIGNATURE: _____

DATE: _____
(mm/dd/yyyy)