

Curricular Practical Training Authorization Request Form

Please type form. Handwritten forms will not be accepted.

Last/Family Name:	Given Name(s):		
ID:	Undergi	Undergraduate	
Student Anticipated Graduation Date:	Graduat	re	
Beginning Date of CPT:*Beginning and End dates must be within the	Ending Date of CPT:	Full-time Part-time of finals for the term in which you are	
enrolled in the internship course.	moo aay or classes and one last aay o		
CPT Position/Title:			
Company Name:			
Company Address:			
By signing below, I certify that: I have abide by the regulations set form.	ve read the above information reg	garding CPT regulations and I agree to	
Student Signature:		Date:	
***Curricular Practical Training (CPT) and Use of full-time CPT for 12 months or more CPT Applicants: DO N		rt-time CPT does not affect OPT.	
List below the internship or independent	study course in which the studen	t is enrolled.	
Course Title and Number	Term	Instructor	
By signing below, I certify that: 1. The student named about has a cuan undergraduate student.	nmulative GPA of at least 3.0 for a	graduate student and at least a 2.0 for	
2. The student is making normal pro	=	= = = = = = = = = = = = = = = = = = = =	
 The student is enrolled for this se I have reviewed the description at 		endent study course listed above. hip/employment position and believe it	
to be relevant to the student's ma			
student's major coursework			
student's major coursework. 5. The course counts towards the students.	udent's major requirements.		
· · · · · · · · · · · · · · · · · · ·	· · ·		
5. The course counts towards the str	Signature:	Date:	

Student, please submit your application using the CPT Application Request form.