

Curricular Practical Training Authorization Request Form

Section to be completed by student:

Last Name:	First Name:	Have you been approved for CPT before at Marian? Yes or No
Marian Email:	Phone:	Have you been approved for CPT before at another U.S. school? Yes or No
Company Name:		
Company Address:		
City:	State:	Zip Code:
Job Title:		Number of Hours Per Week:
Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)	Major:
I am enrolled in the course listed below and I understand that not successfully completing the course voids my CPT authorization. I understand I am only permitted to work at the employer above during the approved CPT dates on my I-20. I will update the international office should my job duties or employment information change. I understand I will lose my F-1 visa status if I fail to abide by the CPT regulations and my SEVIS record will be terminated.		
Student Signature:		Date:

Section to be completed by Academic Advisor:

- Has the student already **completed all program requirements** for degree completion? **Yes** or **No**
- Expected completion date** of degree requirements _____
- How does this work opportunity meet the student's academic objectives?

4. This **CPT work** is (circle response):
***Note that you MUST be enrolled in the named class below before authorization will be given:**

- REQUIRED** for all students in this major for graduation.
 Course Name and Number: _____ Semester Enrolled: _____
- INTERNSHIP NOT REQUIRED FOR graduation but student is enrolled in an internship class** for practical training.
 Course Name and Number: _____ Semester Enrolled: _____
- NOT REQUIRED FOR graduation but is an integral part of his/her curriculum and directly relevant to the program of study.**
 Course Name and Number: _____ Semester Enrolled: _____

_____ Academic Advisor Name _____ Academic Advisor Signature _____ Date

Section completed by international office GPA: _____ CPT evaluation received: _____ Enrolled for class: _____ CPT approved: _____