Student's name: ___________________________  __________________________

Last  First

Student ID #: __ __ __ __ __ __  SEVIS ID #: N __ __ __ __ __ __ __ __ __ __

Email: ___________________________________  Phone: _________________________

I am requesting Curricular Practical Training (CPT) (check one):

- [ ] part-time (up to 20 hours/week)  - [ ] full-time (more than 20 hours/week)

I am requesting CPT in my final quarter:  [ ] yes  [ ] no

If “yes,” list your final quarter schedule: ______________________________________

CPT-related credits cannot be the only credits on your schedule in your final quarter.

Requested CPT Start date: ___________________  End date: ___________________

I understand that I must register for and complete the credits indicated by my academic adviser. Failure to do so may result in loss of F-1 status and ineligibility for future F-1 benefits.

Student signature:_____________________________ Date:_____________________

To be completed by Academic Adviser or Graduate Program Coordinator:

The above named student is making normal progress toward his/her educational objective.

Student’s field of study: ____________________________  Degree level: __________

Student is expected to complete his/her educational objective __________quarter, 20____

The proposed Curricular Practical Training (check one):

- [ ] is required for the student’s degree program.
- [ ] is an optional but integral part of the established curriculum and directly related to the student’s major area of study. The student will earn credit for each quarter of authorized CPT:

  AUT 20__  WIN 20__  SPR 20__  SUM 20__

  Number of credits  Course number  Circle all that apply

Adviser name:______________________________________  Phone:_________________

Signature:__________________________________________  Date:__________________

Allow one week for processing.