

Curricular Practical Training (CPT) Authorization Request Form

Section to be completed by student:

Last Name:		First Name:	E ID:
EMU Email:		Phone:	Have you been approved for CPT before? Yes or No If YES, did you submit evaluation? Yes or No
Company Name:			
Company Address:		City:	State: Zip Code:
Worksite 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. 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 OISS 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. I have read and understand the entire CPT packet.			
Student Signature:			Date:

Section to be completed by academic advisor:

<p>1. Has the student already completed all program requirements for degree completion? Yes or No</p> <p>2. Expected completion date of degree requirements (circle one): Fall Winter Summer 20____</p> <p>3. This work experience/internship/co-op/preceptorship/practicum is (circle response):</p> <p>A. REQUIRED internship/co-op/preceptorship/practicum for all students in this major for graduation. Course Name and Number: _____ Semester Enrolled: Fall Winter Summer 20____</p> <p>B. Cooperative education authorized by the UACDC and is directly relevant to the student's program of study.</p> <p>C. NOT REQUIRED FOR graduation but directly relevant to the student's program of study.</p>		
_____	_____	_____
Academic Advisor Name	Academic Advisor Signature	Date

Section to be completed by UACDC Co-op Advisor if B was chosen above:

<p>1. Has the student been approved for co-op credit? Yes No If yes, how many credits? _____</p> <p>2. Start Date of Co-Op: _____ End Date of Co-op: _____</p> <p>3. Describe how the Co-Op meets the student's academic objectives? Please be specific.</p>		
_____	_____	_____
Co-Op Advisor Name	Co-Op Advisor Signature	Date

Section to be completed by Class Professor if C was chosen above:

<p>1. Course Number: _____ Course Name: _____ Semester Enrolled (circle one): Fall Winter Summer 20____</p> <p>2. I have read the student's offer letter and Statement of Purpose. I agree the work serves as an "integral part of the student's curriculum"? Yes or No</p> <p>3. Please describe how the work is directly relevant to the academic objectives of your class. Please be specific.</p>		
_____	_____	_____
Professor Advisor Name	Professor Advisor Signature	Date

Section completed by OISS: GPA: _____ CPT evaluation received: _____ Enrolled for class: _____ Attended seminar: _____ CPT approved: _____