

CPT Request Form

Please type information directly into form.

Today's Date: Received:												
						STUDENT INF	ORMA	TION				
Full Name on Pa	ssport											
Last				First					Middle			
SEVIS ID#	N		SU ID)#		Birth Da			ate (mm/dd/y			
Email Address						Phone		☐ Ho		me II		
U.S. Address	ress											
ESF ACADEMIC PROGRAM OF STUDY												
Degree Level	☐ Bachelor ☐ Masters ☐ PhD Academic Major(s)											
I-20 Start Date I-20 End Date	Have you maintained full-time enrollment status every semester? ? (Please reference Enrollment Certificate from the Registrar's Office)											
			l			CPT REC	QUEST		T			
CPT Request ☐ New CPT Experience			Duration		Т		(20 hrs/week or			CPT Start Da	ite	
Extension of CPT						☐ Full-Time (More than 20 hrs			/week)	CPT End Dat	te	
Will you be working on-campus during your CPT? No From to Part-Time Full-Time From to Part-Time Full-Time From to Part-Time Full-Time From to Part-Time Includes Address, & Phone: (your physical work location)										ıll-Time		
If you will relocate provide your new (must do within 1	U.S. add	ress:)									
			ESF	OFFIC	E OF	INTERNATIO	NAL E	DUCATIO	ON USE	ONLY		
Student Submitted: CPT Request Form ESF Recommendation Letter Enrollment Certification Proof of Enrollment in CPT Course CPT Student Responsibilities Job Offer Letter Copies: All Previous I-20's (p.1 & p. 2) Copies: Passport, Visa, I-94				Student Documents & Status Rev 1 Year in Status Maintained Continuous Full-Time CPT End Date / Program End Da Passport Valid Program of Study Accurate Address Accurate					□ No Changes Enrollment □ Shorten I-20 to			
Notes:												



Office of International Education Signature

CPT Student Responsibilities

Date

While on practical training you must continue to abide by the rules and regulations governing your F-1 visa status. Please carefully read the statements below and place a check mark in the box next to each statement to acknowledge your understanding of it. Sign at the bottom of the page. Your check marks and signature indicate your understanding and agreement to abide by the statements made.

Cur	ricular Practical Training (CPT)
	I understand that I am only eligible to engage in CPT employment during the CPT authorization period indicated at the top of page 3 of my new I-20 issued by the Office of International Education for my CPT experience.
	I understand that engaging in off-campus employment outside of the CPT authorization period without proper approval is considered illegal employment and a violation of my F-1 status that may result in the termination of my SEVIS record.
	I understand that while on CPT, I am only eligible to work for the employer indicated in the CPT authorization on page 3 of my I-20.
	I understand that I must maintain full-time enrollment status throughout the duration of my program of study including while engaging in CPT unless it is my last semester of study and I have less than a full-time course load remaining to complete my degree.
	I understand that in order to maintain F-1 status, I must report all changes of address to the Office of International Education within 10 days of the move so that they can update my SEVIS record. Accordingly, if my CPT experience requires me to move prior to and/or after my CPT experience, I will report all changes of address in a timely manner.
	I understand that I must report any termination of my CPT employment to the Office of International Education so that an updated I-20 can be issued.
	I understand that if I wish to change CPT employers, I must repeat the CPT request process and obtain a new I-20 authorizing CPT with the new employer from the Office of International Education prior to beginning the new CPT experience.
	I understand that if I wish to extend my CPT, I must submit an updated <i>CPT Request Form</i> , Recommendation Letter, Job Offer Letter, and register the CPT experience for credit again (if it will occur in a new semester) and receive CPT authorization on a new I-20. If my extension is approved after the end date of the initial CPT authorization period, I understand that I must stop my employment until I receive a new I-20 with a valid CPT authorization period.
	I understand that if I exceed 365 days of full-time CPT, I will no longer be eligible for OPT.
	I understand that my passport must be valid at the time of CPT authorization and it is my responsibility to maintain passport validity throughout the duration of my program of study.
	I understand that I am responsible for maintaining health insurance coverage for myself and dependents while engaging in CPT.
sub	the Office of International Education reserves the right to a one-week time frame for reviewing and processing of any mitted requests. Student should anticipate OIE to take the full week and should expect to submit documents early in er to avoid potential complications.***
Stu	dent Signature Date