CPT Authorization Request Form

You MUST include your offer letter including Start and End Date

CPT is approved within semester dates

First Name: _____ **Last Name**: _____

SEVIS ID#: _____

Student ID#: _____

Date of Birth: _____

Phone #: _____

Email: _____

Currently enrolled in: Bachelor's degree ☐

Master's degree ☐

Have you completed CPT previously here or in a different school? ☐ Yes ☐ No

Dates of previous CPT: _____

Have you been employed on campus previously? ☐ Yes ☐ No

Dates of on-campus employment:
_____

How is CPT Training academically related to your course of study? Please specify your program and the courses that your CPT training will be related to.

_____
_____
_____

Academic Advisor signature for Fall Semester 2024: _____