

CPT Authorization Request Form

Student ID			SEVIS ID	N00_____
Name of Student			Email Address	
	First Name	Last Name		
Phone Number			Date of Birth	/ /

CURRENT PROGRAM

Enrolled in program of study: ☐ Undergraduate ☐ Graduate
 Semester: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

Have you completed CPT previously? ☐ Yes ☐ No
 If Yes, please specify the start date ____/____/____ and finished date ____/____/____

Have you been employed on campus previously? ☐ Yes ☐ No
 If Yes, please specify the start date ____/____/____ and finished date ____/____/____

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

Student Signature		Date	/ /
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ACADEMIC ADVISOR APPROVAL

- ☐ The student is currently in good academic standing and making satisfactory progress toward degree completion.
☐ The proposed CPT employment is directly related to the student's major field of study.

By signing this form, the Academic Advisor certifies that the student is academically eligible, that the proposed internship is integral to the student's program of study, compliant with the [University's Academic Catalog](#), and that it meets DHS eligibility requirements for off-campus practical training.

Academic Advisor Signature		Date	/ /
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DESIGNATED SCHOOL OFFICIAL APPROVAL

F-1 students who got Academic Advisor approval and who have completed at least one full academic year of full-time study at the University are eligible to request Curricular Practical Training (CPT) authorization for a paid or unpaid position with an organization other than the University.

Note The one academic year waiting period may be waived when the student has transferred an active F-1 SEVIS record from a previous U.S. institution and has already met the academic year requirement, provided the student remains eligible for practical training.

- ☐ The student is in valid F-1 status with an Active SEVIS record.
☐ The student is enrolled full-time or has an approved Reduced Course Load (if applicable).
☐ The student meets the academic year requirement or qualifies for the approved SEVIS transfer exception.

By approving this CPT request, the DSO confirms that the authorization complies with federal immigration regulations, SEVIS requirements, and institutional policies.

DSO Signature		Date	/ /
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