



Curricular Practical Training Application Form

Section A. This section must be completed by the student

Name: (Surname)	First (Given)	Middle	SEVIS ID
Student ID:	Email:	Major	
Describe the proposed training: _____ _____			
Name of Employer:			
State Address of Employer:	City:	State:	Zip Code:
Proposed Training Dates:	From:	To:	<input type="radio"/> Full-Time <input type="radio"/> Part-Time
<input type="radio"/> I am eligible for CPT to the best of my knowledge, and have carefully and truthfully responded to all relevant sections of the CPT application form.			

Signature by student: _____ **Date:** _____

Section B. This section must be completed by the Program Advisor

The student named above is applying for Curricular Practical Training. Under immigration regulations, this type of training/employment can only be authorized if it meets certain criteria. In order for our offices to assess if the proposed training meets the requirements, please complete and sign this form. Thank You.

1. Is the student enrolled full-time and in good academic standing?	<input type="radio"/> Yes	<input type="radio"/> No
2. Student's expected date of program completion:	Date:	
3. Is the proposed training required for completion of the degree program?	<input type="radio"/> Yes	<input type="radio"/> No
If "yes", please explain: _____ _____		
4. Will the student receive academic credit for this training experience?	<input type="radio"/> Yes	<input type="radio"/> No
If "yes", please provide the following information:	Course Number:	
Course Instructor:	Course Title:	
# of Credits to be assigned:	Semester/Term course will be taken:	Note: Training dates must correspond with course enrollment
5. Explain how the proposed training relates to the course objectives: _____ _____		
Name and Title of Person Completing Form:		Email:
I certify that the above information is complete and true to my knowledge.		Phone:
SEVIS CPT Authorization Date:		
Signature:		Date:
Name of Designated School Official: Vladimira Barriga		