



Curricular Practical Training Internship Supervisor's Form

This form must be completed by the student's internship supervisor. CPT I-20 will not be issued until this form is completed and submitted with all CPT requirements.

Student's Last Name: _____

Student's First Name: _____

Internship Site Company Name: _____

Physical Address of Student's Internship Location: _____

Student's Internship Title: _____

Student's Internship Duties:

Requested CPT Start Date: _____

Requested CPT End Date: _____

Requested CPT Hours: ____ 20 hours ____ 20 hours or more (no more than 40 hours/week)

Is the job title, role and responsibilities are related to the student's field of study?

Yes ____ No ____

My signature confirms that the information provided on this form is true and accurate and that the student will only be permitted to work during the authorization dates listed on their I-20 Form.

Name of Internship Supervisor/HR: _____

Signature: _____

Date: _____ Phone Number: _____

Email: _____