



Curricular Practical Training Student's Attestation of Responsibilities

Student's Name _____

SEVIS ID No: _____

Major: _____

Date of Program Completion: _____

CPT Program Start Date: _____

CPT Program End Date: _____

Name of Employer: _____

Job Title: _____

Is your CPT job title in line with your field of study? ____ Yes ____ No

_____ I understand that it is my responsibility to notify ISS of any change of employer within 10 days of the change.

_____ I understand that I am not authorized to engage or begin a CPT without the proper authorization from ISS and without the CPT I-20 that has CPT endorsement.

_____ I understand that this training is an integral part of my program and must meet the requirements set forth by my program advisor.

_____ I understand that my responsibilities while in training include timely reporting and one on one meeting with my professor to update training development.

_____ I understand that I will stop my employment at the end of the agreed-upon "CPT end date."

_____ I understand that I must maintain a GPA of 3.0 or above while engaging with an authorized CPT.

Note: Attestation of the above is mandatory before a CPT I-20 is issued.

Student's Signature

Date