



## Curricular Practical Training Application

### Part I: To be completed by student

First Name:	Last Name:
Student ID:	Degree Expected:
Date of Expected Graduation:	

By completing this form, I confirm that I have received an offer of employment for the employer and dates listed below. It is my understanding that the CPT authorization is for this employer and for these dates only.

### Proposed Employment

Name of CPT Employer:		
Start Date of Employment:	End Date of Employment:	Full Time or Part Time (circle one)
Specific duties of Job:		
Actual Street of Employer (No P.O. Boxes)	Employer Phone Number:	
City:                      State:                      Zip:		
Have you ever been granted full time CPT before?	If yes, please provide dates:	

### Part II: To be completed by the Academic Advisor or Designated School Official

USICS regulation 8 C.F.R. §214.2 (F) (10) (i) require that CPT be an integral part of an established curriculum.

The proposed employment is an integral part of an established curriculum. Indicate your CPT relevance to the curriculum below:

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Academic Advisor/Designated School Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date