

Curricular Practical Training (CPT) Request Form

Student Information	
Last (Family) Name:	First (Given) Name:
CCC ID#	SEVIS ID#
Expected Graduation:	I-20 Expiration Date:
CCC Email:	Phone number:
Have you been authorized for CPT in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what school(s) and course(s): _____	
What kind of CPT are you applying for? <input type="checkbox"/> Off-campus internship or practicum. Please describe: _____ <input type="checkbox"/> Service learning, community service, or volunteer work required for a course. Indicate the course code and name: _____ <input type="checkbox"/> Field work required for a course or major requirements (clinical, student teaching, etc). Please describe: _____	
Will you have an GA/TA or other on-campus job during the semester you are applying for CPT? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, how many hours per week will you work on campus? _____ hours	
Employment Information	
Official Employer/Company Name: _____	
Official Employer/Company Address: _____	
Employment Start Date: _____	
Employment End Date: _____	
Numbers of hours per week: _____	
Checklist of Required Documentation	
<input type="checkbox"/> Letter or job offer from your training site describing your job title, duties, compensation, number of work hours per week, and dates of employment on employer letterhead. <input type="checkbox"/> A letter from your faculty advisor, academic advisor, or professor indicating that this experience is required to complete your program or an internship course on Cedar Crest College letterhead.	
<i>I understand I must submit this completed form and all required documentation to International Student Services at Allen House at least 2 weeks before my employment start date.</i> <i>I understand that no work may take place until the CPT I-20 is printed.</i> <i>I understand I should keep all original CPT I-20s for future USCIS applications.</i> <i>I will request an extension of my current CPT or submit a new CPT request if I need additional work authorization.</i>	
Signature: _____ Date: _____	

Once completed, please submit this form to International Student Services at Allen House Room 202.