
Curricular Practical Training Student Application

Name: _____
(Last) (First) (Middle)

ID Number: _____ SEVIS Number: _____
Telephone Number: _____ E-mail Address: _____
Local Address: _____

Level of Education: Bachelors Masters
 Ph.D. Other: _____

Major Field of Study: _____

Funding Information

1. Is the amount and/or source of funding correct on current form I-20? Yes No
2. If you answered "No" for the previous question, please update the following:

Student's Personal Funds \$ _____
 Department Assistantship \$ _____
 University Fellowship \$ _____
 Athletic Scholarship \$ _____
 On-campus employment \$ _____
 Funds from other source \$ _____ Type: _____

Curricular Practical Training Information / Eligibility

- Have you completed one academic year at this school? Yes No
- Does the CPT fulfill a portion of the credit hrs required for the degree? Yes No
- Is the Curricular Practical Training paid employment? Yes No
- Is the employment classified as Full-time (20+ hrs/week)? Yes No

Proposed dates of CPT: From _____ until _____
(mm/dd/yyyy) (mm/dd/yyyy)

Employer: _____
Address: _____

List the periods of all previously authorized Curricular Practical Training employment, if applicable:

CPT Authorization: From _____ until _____
(mm/dd/yyyy) (mm/dd/yyyy)

CPT Authorization: From _____ until _____
(mm/dd/yyyy) (mm/dd/yyyy)

I certify that all information on this application is complete and accurate.

Student Signature: _____ Date: _____