

**CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM**

Curricular Practical Training (CPT) is off-campus employment or training related to your field of study that is a requirement of a course. Please refer to the CPT information sheet for full details. **Please complete this form legibly to avoid inputting errors. Incomplete applications will not be accepted and will result in a delay in CPT approval. CPT approvals may take up to two weeks to process and cannot be backdated. You must submit the following:**

- Completed Curricular Practical Training Request form
- Original job offer letter from company, including complete address and zip code
- Copy of class schedule from GOLD showing enrollment in CPT course

**STUDENT INFORMATION**

Name: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_  
Family/Primary Name First/Given Name Middle Name

Major: \_\_\_\_\_  Doctorate  Master  Bachelor

PERM #: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**ACADEMIC INFORMATION**

Course Title and # \_\_\_\_\_ Course units \_\_\_\_\_

Course Quarter \_\_\_\_\_ *(You must be registered in the course during the academic term that you are participating in the training/internship)*

**EMPLOYMENT INFORMATION**

The training will be:  Part-time (20 hours/week or less)  Full-time (over 20 hours/week)

Specific dates of training: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Company's Name and full street Address (include zip code)

List dates of any other previously  
authorized CPT Here:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

Please describe the main objectives of the employment and how it meets the requirements of the course or degree (use back of paper, if needed): \_\_\_\_\_

\_\_\_\_\_

*I certify that the above information is correct.*

\_\_\_\_\_  
 Signature of student

\_\_\_\_\_  
 Date

**ADVISOR CERTIFICATION**

*I certify the above is correct, that I reviewed the training offer, and the training is an integral part of the student's established curriculum.*

College/Department Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

College/Department Advisor Name: \_\_\_\_\_ Title: \_\_\_\_\_

**OFFICE OF INTERNATIONAL STUDENTS & SCHOLARS AUTHORIZATION**

Approved  Denied DSO Signature: \_\_\_\_\_ Date: \_\_\_\_\_