

Curricular Practical Training Request

F-1 Student

Please submit this completed form along with your job/internship offer letter to the Office of International Programs ONLY after your advisor has reviewed and approved.

Student Information required:

Last Name:		First Name:		CSUMB Student ID:	
Have you been authorized CPT in the past? If yes please indicate dates. No Yes			If you have been authorized for CPT in the past, on which degree level was it based? Associates Bachelors Masters		
Requested CPT Authorization Dates: Start Date: ____/____/_____ End Date: ____/____/_____			Working full time (more than 20 hours) or part time (20 hrs or less)? Full time Part time <i>*Full time CPT May effect OPT eligibility</i>		
Employer Name		Employer Address (street, city, state, zip):			
Student Signature:				Date:	

Internship Coordinator/Professor Approval:

Students Major:		Internship course name and number:		Student registered in course? Yes No	
Course Term: Semester: _____ Year: _____		Is there a site agreement in place? Yes No In progress			
Internship Coordinator/Professor Approval Name:			Department:		
Email:			Telephone:		
CPT employment must be an integral part of an established curriculum, they must receive academic credit for the experience, and the work must be directly related to the student's major area of study. Please explain how this employment meets these requirements:					
*By signing below, I confirm that the information in this section is true and correct. I would like to recommend this student be allowed CPT in order to secure a position in his/her field of study:					
Internship Coordinator/Professor Signature				Date:	