

F-1 CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

First Name

Last Name

Monroe ID #

Physical Address in the U.S. (Building number, street name, apartment/floor/suite number, city, state, and zip)

Email Address

U.S. Cell Phone Number

Academic Program (check one): ☐ Associate ☐ Bachelor ☐ Master's

SEVIS ID Number (top left corner of I-20): N _____

SUBMIT THIS COMPLETED FORM IN PERSON TO A DESIGNATED SCHOOL OFFICIAL (DSO).

A copy of the following documents are required for processing:

- ☐ Copy of your passport picture and expiration page
- ☐ Copy of your most recent I-94
- ☐ Completed internship agreement form or offer letter
- ☐ Copy of your schedule showing registration in an internship course

Internship Course Code and Name

Internship Start Date

Internship End Date

Please indicate how many hours per week you will participate in your internship:

- ☐ **Part-time CPT – limited** to 20 hours per week
- ☐ **Full-time CPT – not limited** to 20 hours per week

Please confirm with your academic advisor.

Have you ever been authorized for **full-time** practical training (either CPT or OPT)? ☐ Yes ☐ No

If yes, which type: ☐ CPT ☐ OPT Authorization Dates: _____

Please continue on to the next page.

STUDENT CERTIFICATION

- I will maintain F-1 status during CPT.
- I will maintain good attendance and academic standing in all of my courses.
- I will not begin my internship until I have an I-20 showing CPT authorization and my CPT authorization start date has arrived.
- I will stop working on the final date of my CPT authorization.
- I am responsible for reporting any changes to my internship arrangements to *Career Services*, my academic department, and my DSO at Monroe University.
- I am responsible for getting the necessary signatures on this form and personally returning it to a DSO for final review.
- I have received and read the University's CPT policy.

Student Name

Signature

Date

ACADEMIC ADVISOR

The student is registered for the following internship course: _____

Your signature confirms that this internship course is a required or recommended part of the student's academic program.

Academic Advisor Name

Signature

Date

DEAN OF THE KING GRADUATE SCHOOL

Your signature confirms that this is a **King Graduate School** student enrolled in the **Professional Experience Track** wherein the student must take an internship course beginning within the first two semesters of study.

Dean Name

Signature

Date

CAREER SERVICES INTERNSHIP COORDINATOR

Your signature confirms that the position and description of this internship opportunity meets the requirements for the above-named internship course. The employer has agreed to participate in an agreement with the University in support of this student's educational objective. The dates listed on page 1 are correct.

Internship Coordinator Name

Signature

Date

DESIGNATED SCHOOL OFFICIAL (DSO)

Is the student authorized for CPT employment? ☐ Yes ☐ No

DSO Name

Signature

Date