



Curricular Practical Training-Employer Form

Students please fill out the following information:

Student Family Name:	Student First Name:	ID Number:
This is my first CPT request for the semester <input type="checkbox"/>		
OR This is a request for an additional CPT for the current semester <input type="checkbox"/>		
Note: You may not begin working until you receive a new I-20 from our office authorizing employment with this specific employer. Requests take 5-7 business days.		
Student Signature:	Date:	

Employment Information

Dates of Employment: Begin: _____ End: _____ (Dates from Advisor and Employer form need to match)
Number of hours student will work per week: _____/week <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (For immigration purposes, Full-time is anything over 20 hrs/wk.)
Provide a complete description of the job or project the student will complete during this CPT period: _____ _____ _____ _____ _____

Employer Information

Name of Company:	
Company Address: _____ (No PO Boxes- _____ Physical Location City: _____ State: _____ Zip Code: _____ Of Employment)	
Name of Employer (Supervisor or contact person):	
Email Address and Phone Number:	
Signature of Employer:	Date:

Once completed, please return this form to the student or to International Student and Scholar Services, RE:CPT.