

Curricular Practical Training-Employer Form

Students please fill out the following information:						
Student Family Name:	Student First and Middle Name:		ID Number:			
This is my first CPT request for the semester						
OR This is a request for an additional CPT for the current semester						
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:/w	eek 🗌 Full Time 🗌 Part Time				
(For immigr	ation 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 Emplo	oyer:			Date:			

Once Completed, please return this form to the student or to WORLD