



INTERNATIONAL STUDENT SERVICES PROGRAM

REQUEST FOR PRACTICAL TRAINING (OPT or CPT)

Name _____ ID# / SSN _____

Address _____ E-mail _____

_____ Major _____

Home Phone _____ Work Phone _____

Level of Study Undergraduate Graduate

Have you held a Graduate Assistantship? Yes No

If "yes", please list the semesters: _____

If you are a graduate student who is NOT graduating, have you completed all coursework?

Yes No

Employment is defined as the part-time or full-time rendering of services for compensation, financial or otherwise. Please answer the following questions, which will help determine whether or not you have maintained your lawful F-1 status and are eligible for the benefit of applying for CPT or OPT:

I have not been employed off-campus without written authorization from the Designated School Official on my I-20, or an EAD from the United States Citizenship and Immigration Services (USCIS):

True False

I have not been employed on campus more than 20 hours per week while school was in session (fall and spring semesters):

True False

- If the training is approved, I understand that I am responsible for maintaining my F-1 status. I will notify the Office of International Student and Scholar Services if I should move.
- I understand that CPT permission is given only for the employer below, and should I wish to make any changes to this training, I will receive authorization from the ISSS office.
- If I am applying for OPT, I am responsible for insuring that the employment is appropriate for my degree, as required by U.S. law.

I hereby apply for a period of practical training. By signing my name below, I am certifying that the information provided on this form is correct, and that I have read the OPT or CPT Information Form and understand the duration and limitations of my training as it relates to my F-1 status.

Signature _____ Date: _____

Printed Name _____

CURRICULAR PRACTICAL TRAINING (CPT)

Name of Employer _____

Supervisor _____

Address of Employer _____

Phone _____ CPT Dates _____ to _____

Position Title and Description _____

Full-Time (21 or more hours per week)

Part-time (20 hours or less per week)

The training is: Required for student's degree Being taken for credit (course # _____)

Advisor Approval

Student's Anticipated Graduation Date: _____

I have reviewed the CPT program outlined above. With my signature below, I certify that the employment is an integral part of the curriculum and is required for graduation or employment is being used for course credit .

Signature _____ **Date** _____

Name and Title _____

OPTIONAL PRACTICAL TRAINING (OPT)

Length of training: _____ (12 month maximum)

Dates: from _____ to _____

NOTE: Be sure to read the entire OPT information sheet that is attached to this form. If there is no sheet, you can obtain one from the ISSS office or our web site. Please keep in mind that it takes at least three months for OPT applications to be processed by the USCIS.

Advisor Approval

Student's Anticipated Graduation Date: _____

With my signature below, I recommend that this student participate in OPT

Signature _____ **Date** _____

Name and Title _____