

Request for CPT Authorization

**** Please print all information clearly and legibly to avoid and delays in processing.****

Part I Student Personal Information—to be completed by the international student

Name: _____ MU ID# _____

Email: _____ Telephone: (____) _____

Social Security Number: ____--____--_____

Student's program end date as listed on the I-20: _____

Student's address while on internship (only if different from Current Address)

Zip _____

Have you previously been authorized for Curricular Practical Training (CPT)? Yes No

Have you been previously authorized for Optional Practical Training (OPT)? Yes No

Degree Being Sought (BA, BS, etc.): _____ Major Area of Study: _____

Requested CPT Date (MM/DD/YYYY): _____ -- _____

The following statement must be read and signed by the above-named student:

1. An F-1 student cannot begin work until the I-20 is authorized for CPT. This authorization is located on page 3 of the I-20, and lists the employer name and location, dates of employment, and full or part authorization. It is the student's responsibility to verify the authorization before working. Working without first obtaining this authorization will result in the student's loss of legal status in the U.S.
2. Student who is on CPT is required to notify the IPO of any changes of address within 10 days.
3. The IPO cannot release a CPT I-20 until a student's cumulative GPA is verified. Student must have at least 2.00 GPA.
4. Student must have enrolled full-time in F-1 status for two consecutive semesters.
5. If an F-1 student requests more than 12 months of full-time CPT, the student will not be eligible for Optional Practical Training.
6. An F-1 student is eligible for one CPT for one employer per semester. An F-1 student may not work as an independent contractor, and must be on the payroll and appropriate Federal/ State income taxes must be withheld from the student's paycheck.
7. The standard processing time is two employer's business days to process in the IPO during non-peak period.

By signing, I verify that the information provided on this form is complete and accurate to the best of my knowledge.

Student Signature: _____ Date: _____

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Part II: Internship Information—to be completed by the student’s Academic Advisor

Student’s Name: _____ **MU ID :** _____

Name of Academic Advisor: _____ **MU Ext :** _____

Internship (*Full-time is defined as 40+ hrs per week, part-time 20 or less*) Full-time Part-time

Requested CPT Date (MM/DD/YYYY): _____ -- _____

Semester student will be engaged in Internship: Fall _____ Spring _____ Summer _____

This internship is:

Required for a specific course # _____ with an embedded internship component

Part of the student’s program of study of a specified duration, Internship course # _____

How does the internship relate to the student’s field of study:

Name of Employer/ Company: _____

Contact Person for Student’s Internship: _____

Address of Internship Employer / Company:

_____ Zip _____

Signature of Academic Advisor : _____ **Date :** _____

Part III: Student Immigration & Internship Authorization Information—to be completed by the PDSO or DSO

The above-names student has been in the US in lawful full-time student status since: _____

The above-named student:

is authorized in an internship (CPT) at the above-named place of employment

From: _____ To: _____

is not eligible to participate in an internship for the following reason(s):

Signature of PDSO/DSO: _____

Name/ Title of PDSO/ DSO: _____ Date: _____