

Curricular Practical Training Application: Student Section

FAMILY NAME: _____ First: _____

Date of birth: _____ Banner ID number: _____

Degree: _____ Major: _____

Expected completion date (month, year): _____

Local Address: _____

Requested CPT start date (Mo./Day/Year): _____ Requested end date (Mo./Day/Year): _____

(NOTE: Employment may not begin until you have received the authorization.)

How many hours per week will you work? Please indicate one of the following with an "X":

PART TIME: 20 Hours or Less Per Week ()

FULL TIME: More than 20 Hours Per Week ()

Will you be working on campus during the period of your CPT authorization? If so, how many hours/week: _____

(Total work cannot exceed 20 hours/week for all jobs during the academic year, unless approved for full-time CPT.)

Name of employer: _____

Location of job (street address): _____

(City, state, and zip code): _____

Basic job duties: _____

Signature: _____ **Date:** _____