



**Section 1(completed by student)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

SEVIS ID #: N \_\_\_\_\_ Program End Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

CPT Type: ( \_\_\_\_\_ ) Part-Time(up to 20 hours/week) ( \_\_\_\_\_ ) Full-Time(more than 20 hours/week)

Requested CPT Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2(to be completed by Academic Adviser)**

Student's Program: \_\_\_\_\_ Semester: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course ID: \_\_\_\_\_ Course Credit: \_\_\_\_\_

The proposed CPT(Check one):

( \_\_\_\_\_ ) is required for the student's degree program.

( \_\_\_\_\_ ) is an optional but integral part of the established curriculum and related to the student's major area of study.

**Academic Advisor Name:** \_\_\_\_\_

**Academic Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_