

INTERNATIONAL PROGRAMS

Curricular Practical Training Form

Student: You must complete this form and submit it to your International Programs Advisor with your materials for the CPT application. If this form is incomplete, your CPT application will be delayed. Application processing time in International Programs Center may take up to two weeks.

FAMILY NAME	GIVEN (FIRST) NAME
NWACC ID NUMBER	MAJOR FIELD OF STUDY (on current I-20)
EMPLOYER'S NAME	PHONE NUMBER E-MAIL
DATE SCHEDULED TO BEGIN	DATE SCHEDULED TO END
HOURS PER V	VEEK
☐ Find a position/employer related to you	ır field of study and be hired.
☐ Begin Curricular Practical Training App	olication process.
☐ Have Employer complete the "Employer (This must be completed by the employer.	
☐ Have your Advisor complete the "Advisor. It is must be completed by the advisor. It	• •
Meet with P/DSO after all previous step (Must complete all steps prior to schedulir	es are completed and submit all documents at onceing a meeting with an P/DSO)
Receive written approval for CPT and n	new I-20 prior to starting new job and/or orientation

Acknowledgement (you must sign and date):	
I understand that I may not begin employment under from the International Programs Center which indicates I and the current dates of employment.	·
I understand that I may only work during the period in employment prior to the start date on my I-20 or continue wish to continue employment, I understand I must reapply have obtained a NEW I-20 showing a new period of authorized	employment later than the end date on my I-20. If I for CPT authorization and work only if and when I
I understand that I may work only for the employer na change employers, I must obtain a new CPT authorization	·
☐ I understand that I must register for the relevant acad meeting with my foreign student advisor in the Internation will be in violation of my non-immigrant student status and	al Programs Center. If I withdraw from the course, I
☐ I understand that if I am authorized for Part-Time CP and spring semesters) and may not exceed 20 hours wor Authorization.	• (
☐ I have read and understand all instructions and g Center website. I understand that it is my responsibil including limiting my employment only to work which regulations.	ity to actively maintain my non-immigrant status,
Signature:	Date:
DSO Signature:	Date: