CT STATE
COMMUNITY COLLEGE

CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

Section A: Student Information (To be completed by the student)

Student Name _____SEVIS ID_____

Date of Birth _____ Phone Number_____

Email Address_____

Local Address _____

CT State Student ID _____Campus_____

Program End Date on I-20 _____Program of Study_____

Have you ever been authorized for CPT before? ☐ Yes ☐No

Section B: CPT Employment Information (To be completed by the student AND the program advisor)

CPT semester _____

CPT Start date _____ CPT End date _____

☐ Part-time CPT ≤ 20 hrs./week. ☐ Full-time CPT > 20 hrs./week

Employer Name _____

Employer Address_____

I certify that this internship is directly related to my major. I understand that I cannot begin my internship before receiving the I-20 with CPT authorization. I understand that I can only work for the employer listed on the I-20 and during the authorized period.

Student Signature _____ **Date** _____

Section C: Academic Department Recommendation (To be completed by the program advisor)

Please check the box for the type of CPT you're recommending (**Required or Elective**):

Required ☐ All students in this program must complete an internship as a degree requirement.

Elective ☐ The student will earn course credit toward the degree.

Course Title and Number _____Semester_____ Number of Credits _____

Program Advisor Name (print) _____ Email _____

Title/Department _____ Phone Number _____

I confirm the student's employment as described in Section B of this form will fulfill the requirements for the elective course or degree program.

Program Advisor Signature _____ **Date** _____