

Updated 2024		

## **Request for CPT Authorization**

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

Part I Student Pers	onal Information—to be completed by the international student
Name:	MU ID#
Personal Email:	Telephone: ()
Social Security Nur	nber:
Student's program	end date as listed on the I-20:
Student's address	while on internship (only if different from Current Address)
	Zip
	y been authorized for Curricular Practical Training (CPT)?
If yes, list all CPTs:_	
Have you been pre	viously authorized for Optional Practical Training (OPT)? ☐ Yes ☐ No
<b>Degree Being Soug</b>	ht (BA, BS, etc.):Major/Minor Area of Study:
Requested CPT Dat	e (From):(MM/DD/YYYY) (To):(MM/DD/YYYY)
The	following statement must be read and signed by the above-named student:
the student's respo authorization will re <b>2.</b> Student who is o	s the employer name and location, dates of employment, and full or part authorization. It is insibility to verify the authorization before working. Working without first obtaining this esult in the student's loss of legal status in the U.S Initials In the CPT is required to notify the IPO of any changes of address within 10 days Initials Inlease a CPT I-20 until a student's cumulative GPA is verified. Student must have at least
2.00 GPA.	Initials
	ve enrolled full-time in F-1 status for two consecutive semesters <b>Initials</b>
<b>5.</b> If an F-1 student Practical Training.	requests more than 12 months of full-time CPT, the student will not be eligible for Optional <b>Initials</b>
independent contro	eligible for one CPT for one employer per semester. An F-1 student may not work as an ector and must be on the payroll and appropriate Federal/ State income taxes must be tudent's paycheck Initials
_ ⊤И	ne following documents must be submitted with this application:
Copy of une  I-94 please  Letter from  Proof of GPA	xpired passport orint from CBP website: https://i94.cbp.dhs.gov/I94/#/home employer including job title, description of duties and dates of employment A istering for internship academic class
By signing, I verify knowledge.	that the information provided on this form is complete and accurate to the best of my
Student Signature:	Date:



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Part II: Internship Information—to be completed by the student's	s Academic Advisor
Student's Name:	MU ID:
Name of Academic Advisor:	MU Ext:
<b>Internship</b> (Full-time is defined as 40+ hrs per week, part-time 20	or less) Full-time □ Part-time □
Requested CPT Date (From): (MM/DD/YYY	Y) (To): (MM/DD/YYYY)
Semester student will be engaged in Internship: □Fall □	Spring
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
	ZIP
Signature of Academic Advisor:	Date:
Part III: Student Immigration & Internship Authorization Inform	ation—to be completed by the PDSO or DSO
The above-names student has been in the US in lawful full-time s	tudent status since:
The above-named student:	
☐ is authorized in an internship (CPT) at the above-named place	of employment
From: To:	
$\square$ is not eligible to participate in an internship for the following r	eason(s):
Signature of PDSO/DSO.	Name / Title of PDSO / DSO:
Signature of PDSO/DSO: Date:	Name/ Title of PDSO/ DSO: