

## F-1 Curricular Practical Training (CPT) Request Form

(for office use only)

Employment letter \_\_\_\_\_

I-94 \_\_\_\_\_

### Student Information (Part 1)

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ UNI: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ mm/dd/yy  
Current Address: \_\_\_\_\_ building # street apt # city state zip

Passport Expiration Date: \_\_\_\_\_ mm/dd/yy  
Visa Expiration Date: \_\_\_\_\_ mm/dd/yy  
(Canadians N/A) Phone: \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_ Education level:  Master  PhD

Have you completed CPT in a previous semester at Columbia University?  Yes  No If yes, grade must be in SSOL.

By signing below, I agree that I will not begin employment until the start date on my CPT I-20.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment Information (Part 2)

Start and end dates: \_\_\_\_\_ mm/dd/yy \_\_\_\_\_ mm/dd/yy  
 Part-time CPT ≤ 20 hrs/wk  
 Full-time CPT > 20 hrs/wk

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ building # suite/floor street city state zip

Staffing or temp agency, if applicable:

Company name: \_\_\_\_\_ Address: \_\_\_\_\_ street city state zip

### Academic Department Recommendation (Part 3)

To be completed by the **supervising faculty member, academic advisor, dean, SIPA OCS or MBA OSA.**

Curricular Practical Training (CPT) can be authorized **only in one of the two situations below.**

**Required:** All students in this program must complete an internship as a degree requirement. Specify course information if applicable.

Course Title: \_\_\_\_\_ Number: \_\_\_\_\_ Term \_\_\_\_\_ Credits \_\_\_\_\_

**Elective:** The student will earn course credit toward the degree. It must be listed with other degree electives and confer commensurate credit.

Course Title: \_\_\_\_\_ Number \_\_\_\_\_ Term \_\_\_\_\_ Credits \_\_\_\_\_

**Note: Student must have received a grade for any previous CPT which *must be reflected in SSOL.***

Faculty/Advisor Name (print): \_\_\_\_\_ Email: \_\_\_\_\_

Title/Department: \_\_\_\_\_ Phone: \_\_\_\_\_

I confirm the student's employment as described in Part 2 of this form will fulfill the requirements for this course/program.

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