



International Services  
CPT Request

Student's name \_\_\_\_\_

Student's major \_\_\_\_\_

PART I. TRAINING PROGRAM (To be filled out by Employer)

Company Name \_\_\_\_\_

Company address including zip code: \_\_\_\_\_

Student's job title \_\_\_\_\_

\_\_\_\_\_

Number of weekly working hours \_\_\_\_\_

\_\_\_\_\_

Dates of training: From \_\_\_\_\_ Until \_\_\_\_\_

Supervisor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Fill out either part II or part III below

This may ONLY be signed by the student's Academic Advisor or TCU Staff member appointed in conjunction with the Department to seek out, obtain and develop career opportunities for the student. The signature on part II or III confirms understanding and agreement with the rules governing Curricular Practical Training found in the Code of Federal Regulations.

PART II. Obtaining permission to enroll in a class that requires internship from all its students:

Class Number \_\_\_\_\_ Class Name \_\_\_\_\_

Semester when student is taking class:    Fall    Summer    Spring    Academic Year 201 \_\_\_\_\_

Name and signature of academic advisor, instructor, or person giving student permission to enroll in class

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PART III. Permission that does NOT require class enrollment;

The following CPT is required of **all students** in the program and does NOT require a particular class assigned to the project.

Degree Advisor Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

PART IV. STUDENT RESPONSIBILITY

I \_\_\_\_\_ understand that I have to present the completed CPT form to the office of  
(Student's Name)

International Services prior to engaging in any type of employment, or training for the employment in question. I also understand that I have to be enrolled in a class or a academic degree requiring the CPT before applying for it, and that I am limited to a maximum workload of 20 hours a week during the spring and fall semesters. I am aware that engaging in employment, or training for employment prior to obtaining the CPT authorization, or going over my hourly workload limit will result on termination of my status as an F-1 student and reinstatement of my F-1 status will be necessary before I can continue my studies.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**WORK MAY NOT BEGIN PRIOR TO INTERNATIONAL OFFICE PROCESSING OF FORM**