F-1 CURRICULAR PRACTICAL TRAINING REQUEST FORM

Part I: (To Be Completed By Student)

Name:	School/Academic Department:
Degree Expected:	Major or Field of Study:
Date of Expected Graduation:	

By completing this form, I confirm I have received an offer of employment for the employer and dates listed below. I further understand that the CPT authorization is for this employer and these dates only.

Proposed Employment

Name of CPT Employer:		
Start Date of Employment:	End Date of Employment:	Full Time or Part Time? (circle one)
Duties of Job:		
Actual Street Address of Employer (No P.O. Boxes): City: State: Zip Code:		Employer Phone Number:
Have you ever been granted full time CPT before?		If yes, please provide dates:

Part II: (To Be Completed By Student's Academic Adviser or Dean)

U.S. immigration regulations require that Curricular Practical Training by used by students for employment that is a required or integral part of the curriculum. Please indicate the student's eligibility by checking one of the three options below and return the complete form to the student.

___ The proposed employment is based on a degree requirement. Please describe the requirement and indicate the reference in your school's bulletin.

___ The proposed employment is based upon the awarding of course credit. Please list below the course name, title, number of course credits, a brief description of the course requirements and method of evaluation.

___ The employment is necessary for the student's doctoral dissertation research. Please attach a letter on FSU's letterhead written and signed by your academic advisor providing details about the relationship between the proposed employment and the student's dissertation.

_____ _____ _____

Academic Adviser Signature Date Phone Number

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