

**CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
(as it appears on passport)

UCLA ID#: \_\_\_\_\_ SEVIS ID#: N \_\_\_\_\_

Major: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Degree Objective:    Bachelors    Master's    Doctorate    Email: \_\_\_\_\_

Degree Start Term: \_\_\_\_\_ Anticipated Degree End Term: \_\_\_\_\_

Are you currently employed on-campus:    Yes    No    If yes, how many hours per week: \_\_\_\_\_

**CPT APPLICATION CHECKLIST**

Schedule an appointment with an F-1 Counselor to submit CPT application

Enroll in an internship course during the term the CPT work authorization will occur, or submit a support letter from your department to waive the CPT course enrollment requirement (please refer to CPT Guidelines for eligibility)

Completed CPT request form (all items must be filled in)

Print out of internship/employment offer letter on company letterhead, including start date, end date, number of hours per week, and description of job duties demonstrating direct connection to student's major/minor and degree level

**CPT EMPLOYMENT INFORMATION**

CPT Term:                      Fall                      Winter                      Spring                      Summer

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours per Week:              Part-Time CPT                      Full-Time CPT  
(20 hours or less per week)                      (More than 20 hours per week)

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

Company Address: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City)                      (State)                      (Zip Code)

<b>FOR OFFICE USE ONLY</b>	<b>INIT:</b> _____ <b>DATE:</b> _____
	<input type="checkbox"/> <b>Restriction Holds</b> <input type="checkbox"/> <b>Current Enrollment</b> <input type="checkbox"/> <b>Past Enrollment</b> <input type="checkbox"/> <b>Current I-20</b>