

## Curricular Practical Training (CPT) Request Form

**\*\*\*Important Note: CPT is required for all paid or unpaid academic internships\*\*\***

**Instructions: Enroll in approved internship course then submit this CPT Request Form with documents listed below to the International Student Services Office or via email to: [iss@fullerton.edu](mailto:iss@fullerton.edu). Incomplete Requests will not be accepted.**

- CICE Academic Internship Placement Form
- Internship offer letter (see sample on side 2 of this form)

**You will be contacted by ISS office when your updated I-20 with CPT authorization is ready.**

**IMPORTANT: You may not begin internship until you have received CPT authorization and CPT start date has begun.**

Student's Last Name:	Student's First name:	CWID:			
Major:	Phone:	Units Currently Enrolled:			
Level of Study: <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Credential <input type="checkbox"/> Ed.D <input type="checkbox"/> Certificate	Email:	Expected Graduation:			
Current U.S. Address (Street Number, Street Name, APT):					
City:	State:	Zip Code:			
Do you need to apply for a <b>Social Security Number</b> ?					
<input type="checkbox"/> <b>YES</b> <ul style="list-style-type: none"> <li>• My internship is a paid position (must be stated on offer letter).</li> <li><b>AND</b></li> <li>• I have never been issued an SSN.</li> </ul>			<input type="checkbox"/> <b>NO</b> <ul style="list-style-type: none"> <li>• My internship is an <u>unpaid</u> position.</li> <li><b>OR</b></li> <li>• I already have an SSN.</li> </ul>		
<b>Requested CPT Start Date (MM/DD/YYYY):</b> <small>(no earlier than first day of semester's instruction)</small>		<b>Requested CPT End Date (MM/DD/YYYY):</b> <small>(no later than the last day of final exam)</small>			
<b>Internship Employer:</b>		<b>Part-time (≤20 hours/week) <input type="checkbox"/> Full-time* (&gt;20 hours/week)</b>			
<b>Internship Site: Address of Where Internship will be performed (Street Number, Street Name, APT):</b>					
City:	State:	Zip Code:			
<b>Please read, sign and date other side of this CPT Request Form.</b>					

FOR INTERNATIONAL OFFICE STAFF USE ONLY			
<input type="checkbox"/> Transcript reviewed	<input type="checkbox"/> Previous CPT with Same Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Not on probation	<input type="checkbox"/> US Address & Phone verified	<input type="checkbox"/> batch to SEVIS	<input type="checkbox"/> RTI
<input type="checkbox"/> Same major	<input type="checkbox"/> CMS: CPT request	<input type="checkbox"/> batch to SEVIS	<input type="checkbox"/> RTI
<input type="checkbox"/> Full-time one academic year	<input type="checkbox"/> SSN Support Letter Approved	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
Additional Notes:			

## STUDENT ACKNOWLEDGEMENT

- I understand that I can **ONLY begin my internship based on the authorized CPT start date and end my internship by the authorized CPT end date**. Working outside of the dates shown on the I-20 is a violation of F-1 status; as a result, it will be reported as unlawful employment.
- I understand that CPT is an employer-specific work authorization. I understand that changes to internship employer, or location, or different start or end date, need to be reported immediately to the ISS office before the CPT start date. Once CPT has started, changes to internship are not permitted.
- I understand that I am required to enroll in the appropriate internship course or equivalent in the term that I am performing the internship. I understand that I need to immediately consult with an International Student Advisor if I need to drop or withdraw from the internship course, or cancel the internship, before doing so.
- I understand that I need to maintain full-time enrollment during CPT authorization period (unless granted a reduced course load). Any changes in enrollment must be immediately reported to the ISS office.
- I understand that in Spring or Fall term if I combine CPT with on-campus employment (maximum of 20 hours per week for on-campus), the total hours of employment cannot exceed 40 hours per week.
- I understand that I am not on probation and that the internship/CPT cannot delay, hinder or impede my academic progress toward completing my academic program.
- I understand that it is my responsibility to keep all I-20s issued to me for my personal records.

I have read the information above and understand the requirements and consequences.

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Student's Name*

\_\_\_\_\_  
*CWID*

\_\_\_\_\_  
*Date*

**SAMPLE INTERNSHIP OFFER LETTER: Letter must be on employer's letterhead and include internship start & end date; number of hours per week; compensation if any; complete address of internship including address where internship will be performed.**

### Sample Internship Employer Letter (On Company Letterhead)

Date

Dear International Office,

We are pleased to offer Name of Student a part-time internship at our company. The internship is related to the student's field of study and is an integral part of the student's academic program.

The internship will be performed with Company's Name located at Company's Address for the period from Starting Date to Ending Date for Number of Hours per week. This is a paid/unpaid internship position. The employment will include Description of job duties and Relationship with the academic program. The educational objectives of this internship are .....

If you have any questions, I can be reached at Email & Phone Number.

Sincerely,

*Signature*

Name, Title