

Curricular Practical Training Request for F 1 Visa Students

International Programs Office | Ph: 831-582-4778 | Fax: 831 – 582 – 3314 | international@csumb.edu

Please submit this completed form along with your job/internship offer letter to the Office of International Programs
ONLY after your advisor has reviewed and approved.

Student Information required:				
ast Name: First Name:		CSUMB Student ID:		
Have you been authorized CPT in the past? If yes please		If you have been authorized for CPT in the past, on which degree		
indicate dates.		level was it based?		
No Yes To:/		Associates	Bachelors Masters	
From://				
Requested CPT Authorization Dates:		Working full time (more t	han 20 hours) or part time (20) hrs or less)?
S. 15 1		Full time	Part time	
Start Date:// End Date://		Tun time	r dre time	
End Date:/		*Full time CPT May effe	ct OPT eligibility	
Employer Name	Employer Address	(street, city, state, zip):	<u> </u>	
Student Signature:		Date:		
Internship Coordinator/Professor	Approval:			
Students Major: Internship co		rse name and number: Student registered in course?		course?
			Yes No	
			163	110
Course Term:	Is there a sit	a agracoment in place?		
		e agreement in place?	Ch and harms	
	Yes	No	Short term	In progress
Semester:Year:	_		placement form	
Internship Coordinator/Professor Approval Name:		Department:		
Email:		Telephone:		
CPT employment must be an integral part of	f an established curr	iculum, they must receive acad	emic credit for the experience	e, and the work
must be directly related to the student's ma	ajor area of study. Ple	ease explain how this employm	ent meets these requirement	s:

Date:

student be allowed CPT in order to secure a position in his/her field of study:

Internship Coordinator/Professor Signature