Form to be Completed by the Employer
Student Curricular Practical Training Application

Please fill out this form in its entirety as all information is required to provide legal authorization to participate in experiential learning for a student. Curricular practical training is defined to be "alternative work/study, internship, cooperative education, or any other type of **required** internship or practicum that is offered by sponsoring employers through cooperative agreements with the school."

Student Name: _____
Family Name First Name

Name of Company: _____

Company Address: _____

Provide the actual work site for the student if different from the main company address:

_____

Name of Supervisor: _____

Email: _____ Phone: _____

Dates of Employment: Start Date: _____ End Date: _____

- Dates from Advisor and Employer must be consistent.
- Employment **may not begin** until CPT is formally approved and **page 2 of your Form I-20 is endorsed**.
- Employment must **not extend beyond** the authorized CPT end date.

Number of work hours per week: _____ Employment will be ☐ Paid or ☐ Unpaid

Position Title: _____

Please complete the following:

Role, Goals and Objectives: Describe role and how this experience will support the student in satisfying course requirements.

Measures and Assessments: Explain how the employer will monitor successful completion of course/program requirements.

The company will be cooperating with the school in achieving the curricular requirements of the experience.

_____

Employer Name (printed) Signature Date

_____

Title Email Phone

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