APPLICATION FOR CURRICULAR PRACTICAL TRAINING (CPT)
AUTHORIZED UNDERGRADUATE STUDENT

Please allow 3 business days for processing. Incomplete applications will result in longer processing times. E-mail or phone inquiries requesting expedited processing will not receive a response.

A. General Information

UL Lafayette ID#: __________________________ SEVIS ID#: N______________________

Name: _____________________________________________________________________________________

(last) (first) (middle)

Date of first entry as an F-1 student/effective date of F-1 status: ______________________________

(Month/Day/Year)

1. Have you ever previously had full-time CPT authorization from another school based on the same program level as this CPT request? □ Yes □ No
   If yes, please indicate the dates of your full-time CPT authorization from your previous schools for the same program level. Please list additional full-time CPT periods on the back of this form.

   From: ___________ to _______________               From: _______________ to _______________
   (Month/Day/Year)             (Month/Day/Year)                                          (Month/Day/Year)              (Month/Day/Year)

   From: ___________ to _______________               From: _______________ to _______________
   (Month/Day/Year)             (Month/Day/Year)

B. Basis of CPT Request

1. On what major is this CPT request based? _____________________________________________________________

2. Is this your first semester in this major? □ Yes □ No

3. What is the basis of your CPT request? You are required to check at least one.
   □ Registration in a course for academic credit requiring off-campus employment of students enrolled in that course.
   Course title and number: ______________________
   □ Registration in an internship through the Office of Career Services.
   □ Registration in a course for academic credit in student’s major field of study.

C. Period of CPT Employment

We CANNOT backdate CPT authorization, so please allow AT LEAST 3 business days for processing upon submitting your complete CPT application.

If you are graduating at the end of the session/semester, the end date on your job offer letter must NOT be dated beyond the last day of classes. Your CPT will NOT be processed if the end date is beyond the last day of classes.

You are currently applying for (check only one):
   □ Full-time CPT authorization _____ over 20 hours per week
   □ Part-time CPT authorization _____ up to 20 hours per week

D. Other Employment Information

1. Will you have an on-campus job for this session/semester? □ Yes □ No
   If yes, for how many hours a week will you work on campus? __________ hours per week.

2. For which department will you work? _____________________________________________________________

E. Course Enrollment while on CPT

1. Will you enroll in courses while on CPT? □ Yes □ No
   If yes, for how many credits will you enroll? ________________ hours

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F. Graduation date
Please indicate when you will complete your program:

□ End of _____________________ semester
□ Other _____________________
(Semester/Year)

G. Credit Hours Earned (The section below must be reviewed and signed by your academic advisor.)
1. What is the total number of credit hours required for the completion of the degree on which your CPT request is based? _________________________
2. How many of those credit hours did/will you have already completed by the end of the session/semester?
____________________ hours
3. By the end of the session/semester, will you have already finished all required coursework of the academic program on which your CPT request is based? □ Yes □ No

H. Required Signatures

Academic Advisor
I certify that this student has not yet completed all coursework required for the completion of the degree that the CPT request is based on. I approve of this student’s participation in Curricular Practical Training during the _________________ session/semester. I certify that the CPT employment this student is applying for is an integral part of an established curriculum.

_________________________________   _______________________________________________________   _________________
Academic Advisor’s Name (printed)                     Academic Advisor’s Signature                     Signature Date

Student
By signing below, I acknowledge that I have carefully read and understood the CPT instructions on the OIA’s web site at http://oia.louisiana.edu. I have carefully reviewed my CPT application and certify that all information on it is true and correct. I understand that the OIA may cancel my CPT authorization at any time if it is determined that any information on or pertaining to my CPT application is false. My F-1 status may be at risk in such cases. I will be informed by the OIA by e-mail to my UL Lafayette account if my CPT is cancelled and if/how the cancellation of my CPT will affect my F-1 status.

_________________________________   _______________________________________________________   _________________
Student’s Name (printed)                     Student’s Signature                     Signature Date

Name of Employer’s Company: __________________________________________________________

Employer’s Address:
Address

City State Zip Code

Employer’s Phone Number: ____________________________
CPT STATEMENT OF ACKNOWLEDGEMENT

Please read the information below carefully before signing.

To be completed by the F-1 student

I, the undersigned F-1 student, understand that CPT employment authorization is temporary and is primarily for the purpose of fulfilling my curricular requirements. I am required to maintain either (1) enrollment in the course(s) and/or (2) registration in a UL LAFAYETTE Career Services Internship Program during the period of authorized employment. I understand that if I do not fulfill necessary registration/enrollment requirement, the UL Lafayette Office of International Affairs (OIA) must cancel my CPT authorization.

I will report extensions or any changes (in work plans, locations, hours per week of employment, employment dates, etc.) to my CPT employment to the OIA before any such changes occur. I am aware that the changes are subject to approval by the OIA in order to continue my CPT authorization. I understand that if I change employers, I will need to apply for a new CPT by turning in new documents with the new employer information.

I understand that failure to abide by the above conditions may result in the forfeiture of any future terms of CPT authorization.

Student’s name (printed): ____________________________________________________________

Student’s original signature: __________________________________________________________

Date: _____________________________________________________________________________