



**E. Defense date (if you are enrolled in a non-thesis Master's program, you can skip this question)**

Will you defend your thesis or dissertation during this session/semester?  Yes  No

If yes, when will you defend? \_\_\_\_\_

(Month/Day/Year)

*Please note: If you will defend prior to the mid-term period or have already completed your defense, you are not eligible for CPT this session/semester.*

**F. Graduation Date**

I will complete my program at the end of the \_\_\_\_\_ semester.

**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. To the best of my knowledge, I certify that all information on this form is true and correct. I approve of this student's participation in Curricular Practical Training during the \_\_\_\_\_ session/semester. I certify that the CPT employment for which this student is applying for is an integral part of an established curriculum.*

\_\_\_\_\_  
*Academic Advisor's Name (printed)*

\_\_\_\_\_  
*Academic Advisor's Signature*

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

\_\_\_\_\_  
*Department Head's Name (printed)*

\_\_\_\_\_  
*Department Head'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. If I am pursuing a second degree in addition to the degree on which this CPT authorization is based, I have already informed my advisor and department head of the second degree program that I may not be pursuing coursework in that degree while on CPT. 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) (includes thesis/dissertation research hours) 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: \_\_\_\_\_