## APPLICATION FOR CURRICULAR PRACTICAL TRAINING (CPT) AUTHORIZATION GRADUATE 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	D#:		SEVIS ID#	SEVIS ID#: N			
Nar	ne:							
		(last)		(first)		(middle)		
Dat	e of first enti	ry as an F-1student/e	ffective date of F-1 statu	us:				
	CPT requ If yes, j	nest?   Yes   No please indicate the da	I full-time CPT authorize ates of your full-time CF dditional full-time CPT	PT authorizati	on from your previou	the same program level as this		
	From:	t	to		to			
	Pioni.		(Month/Day/Year)	Pioni.	(Month/Day/Year)			
	From:		to	From:	to			
		(Month/Day/Year)	(Month/Day/Year)		(Month/Day/ Year)	(Month/Day/Year)		
	3. What is t  □ Reg  Cou □ Regi	the basis of your CPT gistration in a course urse title and number: istration in an interns	r?	uired to check uiring off-cam  of Career Serv	at least one.  appus employment of s  vices.	etudents enrolled in that course.		
C.	We <b>CANN</b> submitting If you a beyond	your complete CPT are graduating at the last day of class ou are currently apple      Full-time CPT a	authorization, so please application. end of the session/seme	ster, the end of <b>T</b> be processed.  To be processed.  To be processed.  To be processed.	late on your job offered if the end date is been week	for processing upon letter must NOT be dated eyond the last day of classes.		
D.	1. Will you If yes, t	for how many hours	rmation ip during this session/seper week? $\Box$ 10 $\Box$ 20	□ Other _	hours per	week		
	If yes,	_	s job for this session/sem a week will you work or			week.		

•	0 0	sertation during this ses	1 0	gram, you can skip this Tes □ No	question)
If yes, when y	will you defend?				
	-	(Month/Day/	, , , , , , , , , , , , , , , , , , ,	our defense, you are not eligible fo	or CPT this session/semester
Tieuse noie. If y	ой миі йезена ртог	to the mu-term period or h	ave aiready completed yo	our dejense, you are not eagiote jo	n CI I tius session/semester.
<b>F. Graduation Da</b> I will complete m		end of the			
H. Required Sign	atures				
		Aca	demic Advisor		
is based on. To th student's participe	e best of my kno ation in Curricu	wledge, I certify that a lar Practical Training	ll information on the during the	the completion of the degre his form is true and correctse integral part of an establis	I approve of this ession/semester. I
Academic Advisor's Name (	printed)	Academic Advisor's S.	gnature		Signature Date
Department Head's Name (p	printed)	Department Head's St	gnature		Signature Date
http://oia.louisian correct. If I am p informed my advi. while on CPT. I i information on or	a.edu. I have coursuing a secon sor and departm understand that pertaining to m	rrefully reviewed my C d degree in addition to ent head of the second the OIA may cancel m y CPT application is f	PT application and the degree on whic d degree program th y CPT authorization alse. My F-1 status	the CPT instructions on the certify that all information is the this CPT authorization is at I may not be pursuing contained in at any time if it is determined the may be at risk in such case of the the cancellation of many the cancellation of ma	on it is true and based, I have already cursework in that degree ned that any s. I will be informed by
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 Nu	umber:				

## 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 <u>during the period of authorized employment</u>. 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 <u>before</u> 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.

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Student's name (printed):			 
Student's original signature:			
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Doto			