

# Curricular Practical Training (CPT) F-1 Students

## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
IIT ID#: \_\_\_\_\_ SEVIS ID#: \_\_\_\_\_  
IIT Email: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Degree Level: \_\_\_\_\_ Major: \_\_\_\_\_  
Credit hours taken: \_\_\_\_\_ Credit hours remaining: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Company Name: \_\_\_\_\_  
Worksite Address: \_\_\_\_\_  
Street Address City State Zip Code

Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_

Start and end dates stt3o\_n ete0me0te0rrt

Hours Per Week (select one)

Full-time (over 20 hours per week)

Parttime (Less than 20 hours per week)

## ACKNOWLEDGEMENT

By signing below, I understand the following terms and conditions

- x The International Center will require a processing time of ~~business days~~ from the date they receive my application to issue my CPT-20. **No exceptions will be made to expedite any applications for any reason**
- x I may not begin my employment on CPT until I have received my ~~CPT~~. **The International Center holds the right to modify my employment date if necessary.** I understand that working prior to receiving my CPT-20 will be without authorization and will be grounds for the termination of my SEVIS record.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Workplace Supervisor Signature \_\_\_\_\_ Date: \_\_\_\_\_