UNT | INTERNATIONAL AFFAIRS International Student & Scholar Services

Curricular Practical Training - Employer Form

STUDENT INFORMATION - *To be completed by student*		
Student Family Name:	Student First Name:	ID Number:

☐ This is my first CPT request for this semester. **OR**
☐ This is a request for an additional CPT authorization during the current semester.

By signing below, I acknowledge that students must receive an updated Form I-20 from UNT ISSS authorizing CPT with the specific employer and for the approved dates before beginning any employment or training. Engaging in employment or training outside the authorized dates or at an unapproved location may result in a violation of F-1 status. **I will upload my completed CPT forms in iNorthTX to request CPT authorization.**

Student Signature:	Date:

CURRICULAR PRACTICAL TRAINING INFORMATION - *To be completed by employer*

Dates of Employment/Training START: _____ END: _____

The dates listed here should match the dates listed on your CPT Advisor form AND cannot extend into a new semester. A new CPT form must be submitted for each semester and for each employer. Forms with incorrect dates cannot be approved, and corrected forms must be submitted before CPT can be authorized.

Training schedule hours per week: _____/week

☐ Full-Time (More than 20 hours per week)
☐ Part-Time (20 hours per week or fewer)

Please describe the training activities, projects, duties, and responsibilities the student will complete during this CPT period. The description should explain how the position provides practical training and professional development related to the student's academic field of study. Attach additional pages if needed.

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CURRICULAR PRACTICAL TRAINING LOCATION INFORMATION - *To be completed by employer*

Name of Company:

Training Site Physical Address:
Please list the physical address where training will take place.

_____

_____

City: _____ State: _____ Zip Code: _____

REMINDER:

STUDENTS MUST RECEIVE THEIR UPDATED FORM I-20 WITH CPT AUTHORIZATION BEFORE BEGINNING ANY PRACTICAL TRAINING ACTIVITIES.

The above-named student will participate in practical training directly related to their academic major at the location listed. A qualified supervisor will provide supervision and assessment of the student's work and training activities. I understand that a new CPT Employer form will be required if training extends beyond the dates listed above.

Name of Supervisor:	
Supervisor Email Address:	Supervisor Phone Number:
Signature of Employer:	Date:

Forms should be signed in ink or with a digitally verified electronic signature.

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