

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: _____