

CURRICULAR PRACTICAL TRAINING REQUEST

The International Academic Advisor and Internship Coordinator must sign this form before you submit it to International Student Services. Your new CPT I-20 will be ready for pick-up 5 working days after submitting this form. Your CPT I-20 is only valid for the dates and employment printed on page 2 of your I-20. To extend employment, a new CPT Request must be submitted before continuing employment.

Student Information (to be completed by TMCC student)				
Last/Family Name		First/Given Name		Middle Name
NSHE ID	Phone Number		TMCC Email Address	
Local U.S. Address (apartment, house or dormitory; not P.O. Box)				
City			State	Postal Code
Expected Program Completion (mm/dd/yyyy)		I-20 Expiration (mm/dd/yyyy)		Passport Expiration (mm/dd/yyyy)
Have you been authorized for CPT in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", dates (mm/dd/yyyy): From: _____ To: _____				
I am requesting CPT: From: (mm/dd/yyyy)		To: (mm/dd/yyyy)		Job Title:
Work Hours: <input type="checkbox"/> 20 hours/week or less (part-time) <input type="checkbox"/> 21 hours/week or more (full-time)				
Employer's Name				Employer's Phone Number
Employer's Address (street, city, zip code)				
<i>By signing below, I verify that the above information is true and correct and understand the responsibilities in maintaining F-1 status during my period of CPT authorization. I will report any changes to this information to TMCC International Student Services within 10 days.</i>				
Student's Signature				Date
Internship Recommendation (to be completed by TMCC International Academic Advisor and Internship Coordinator)				
<i>By signing below, I confirm that the student's proposed CPT employment is a required or an integral part of the student's academic program at TMCC so the student can be authorized for CPT by TMCC International Student Services.</i>				
Internship Coordinator's Confirmation				
Career Center Workshop				Date of Attendance (mm/dd/yyyy)
Internship Coordinator Name				
Signature				Date
International Academic Advisor's Confirmation				
Student's Major			Second Major (if applicable)	
Course Title			Semester/Year	Number of Credits
Advisor's Name		Phone Number	Email Address	
Advisor's Signature				Date