

# CURRICULAR PRACTICAL TRAINING REQUEST

The International Academic Advisor and Internship Coordinator must sign this form before you submit it to International Admissions. 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.

<b>Student Information</b> <i>(to be completed by TMCC student)</i>			
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 <i>(mm/dd/yyyy)</i>	I-20 Expiration <i>(mm/dd/yyyy)</i>	Passport Expiration <i>(mm/dd/yyyy)</i>	
Have you been authorized for CPT in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No    If "Yes", dates <i>(mm/dd/yyyy)</i> :    From: _____    To: _____			
I am requesting CPT:    From: <i>(mm/dd/yyyy)</i>		To: <i>(mm/dd/yyyy)</i>	Job Title:
Work Hours: <input type="checkbox"/> 20 hours/week or less <i>(part-time)</i> <input type="checkbox"/> 21 hours/week or more <i>(full-time)</i>			
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 Admissions within 10 days.</i>			
Student's Signature			Date
<b>Internship Recommendation</b> <i>(to be completed by TMCC International Academic Advisor and Internship Coordinator)</i>			
<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 Admissions.</i>			
<b>Internship Coordinator's Confirmation</b>			
Career Center Workshop		Date of Attendance <i>(mm/dd/yyyy)</i>	
Internship Coordinator Name			
Signature			Date
<b>International Academic Advisor's Confirmation</b>			
Student's Major		Second Major <i>(if applicable)</i>	
Course Title		Semester/Year	Number of Credits
Advisor's Name	Phone Number	Email Address	
Advisor's Signature			Date