



Curricular Practical Training Authorization Request Form

Full Name: _____ CSU Stan ID: _____

Student Address: _____

Student Anticipated Graduation Date: _____ Graduate: _____ Undergraduate: _____

Beginning Date of CPT: _____ Ending Date of CPT: _____

*Beginning and End dates must be within the first day of classes and the last day of finals for the term in which you are enrolled in the internship course.

CPT Position/Title: _____

Company Name: _____

Company Address: _____

By signing below, I certify that: I have read the above information regarding CPT regulations and I agree to abide by the regulations set form.

Student Signature: _____ **Date:** _____

*****Curricular Practical Training (CPT) and Eligibility for Optional Practical Training**

Use of full-time CPT for 12 months or more eliminates eligibility for OPT. Part-time CPT does not affect OPT.

CPT Applicants: DO NOT Write Below, Have Your Department Complete

List below the internship or independent study course in which the student is enrolled.

Course Title and Number	Term	Instructor

By signing below, I certify that:

1. The student named about has a cumulative GPA of at least 3.0 for a graduate student and at least a 2.0 for an undergraduate student.
2. The student is making normal progress towards graduation as compared to department averages.
3. The student is enrolled for this semester in the internship or independent study course listed above.
4. I have reviewed the description and responsibilities of the internship/employment position and believe it to be relevant to the student's major field of study and to be practical training complementary to the student's major coursework.
5. The course counts towards the student's major requirements.

Print Name: _____ **Signature:** _____

Title and Department: _____ **Date:** _____

Please return to the Office of International Education, MSR 180