

Part I (to be completed by the student)

Name: _____ ID# _____ SVSU start term: _____
Degree level: ___ Bachelors ___ Masters Majoring in _____
Date of expected graduation: _____ SEVIS number N _____

By completing this form, I confirm I have received an offer of employment for the employer and dates listed below. I further understand that the CPT authorization is for this employer and these dates only. Attached is a signed offer letter from the employer.

Name of CPT Employer: _____

Actual Street Address of Employer (Not P.O. Box):
City: _____ State: _____ Zipcode: _____
Employer Telephone Number: _____

Start Date of Employment: _____ End Date of Employment: _____
___ Full Time ___ Part Time Have you had CPT before? ___ Dates: _____

Duties of Job: _____

Part II (to be completed by academic department or career services)

Please indicate the student's eligibility per INS regulations 8 CFR 214.2 (f)(10)(i) by checking one of the options below.

___ The proposed employment is based on a degree requirement within the student's major.
Signature of college dean or designee _____ Date _____

___ The proposed employment is based upon awarding course credit in major area of study.
Signature of department advisor or professor _____ Date _____

___ The proposed employment is not for credit but offered under cooperative agreement between the employer and the university, directly related to the student's major field of study.
Signature of career services director or designee _____ Date _____

F1 student on this request form is eligible for CPT and has been entered in SEVIS.

Name and Signature of DSO) _____ Date _____