

**SUBMIT THE FOLLOWING ITEMS WITH THIS FORM TO THE INTERNATIONAL CENTER:**

- Proof of Enrollment in CPT/Internship Course  
 CPT Letter

*Letter Requirements:* Addressed to You (the student), Company Letterhead, Job Title, Description of Job Duties, Address of Internship, Specify if work is Part-Time/Full-Time, Exact Start/End Date of Internship, Internships Site's Signature

SECTION ONE: COMPLETED BY STUDENT					
LAST NAME:		FIRST NAME:		PREFERRED NAME:	
DATE OF BIRTH (MM/DD/YYYY):			STUDENT ID NUMBER:		
UCI EMAIL ADDRESS:			U.S. PHONE NUMBER:		
INTERNSHIP AND EMPLOYER INFORMATION					
START DATE (MM/DD/YYYY):			END DATE (MM/DD/YYYY):		
JOB TITLE:			HOURS PER WEEK: <input type="checkbox"/> PART-TIME (20 HOURS OR LESS) <input type="checkbox"/> FULL-TIME (OVER 20 HOURS – SUMMER BREAK ONLY)		
EMPLOYER NAME:					
EMPLOYER ADDRESS:		STREET ADDRESS:			
		CITY:	STATE:	ZIP CODE:	
<i>EMPLOYMENT LOCATION:</i> (IF DIFFERENT FROM EMPLOYER ADDRESS ABOVE)		STREET ADDRESS:			
		CITY:	STATE:	ZIP CODE:	
INTERNSHIP SUPERVISOR'S NAME:					
INTERNSHIP SUPERVISOR'S PHONE NUMBER:				INTERNSHIP SUPERVISOR'S EMAIL:	
<b>I HAVE READ THE REQUIREMENTS OF CPT AND CERTIFY THAT THE INTERNSHIP IS A REQUIREMENT FOR MY DEGREE OR A COURSE AS VERIFIED BY MY ACADEMIC DEPARTMENT.</b>					
STUDENT'S SIGNATURE:			DATE (MM/DD/YYYY):		

**SECTION TWO: ACADEMIC DEPARTMENT RECOMMENDATION (NOT TO BE COMPLETED BY STUDENT)**

The student above wishes to apply for Curricular Practical Training (CPT). Authorization allows the student to engage in practical training, paid or unpaid, that is an **integral part** of an established curriculum and is directly related to the student's major area of study. The goal of CPT must be to advance the student in their academic program in a specific and definable way.

Note: Employment for the sole purpose of earning money or to gain experience is not an appropriate use of CPT. Participation in CPT may not delay the completion of a student's academic program.

Please complete the following information to help the International Center determine if the practical training experience meets the U.S. Department of Homeland Security requirements for CPT authorization.

STUDENT'S MAJOR/DEPARTMENT:

COURSE NAME/NUMBER:

QUARTER OF ENROLLMENT IN CPT COURSE:

 FALL  WINTER  SPRING  SUMMER

DEPARTMENT CONTACT'S NAME:

YEAR: \_\_\_\_\_

DEPARTMENT CONTACT'S TITLE:

DEPARTMENT CONTACT'S PHONE NUMBER:

DEPARTMENT CONTACT'S EMAIL:

**SELECT ONE:**

- I certify that this CPT is a **required** part of the program (the program requires ALL students to have practical work experience in this degree program).
- I certify that this CPT is **not a required part** of the program. It is an integral part of the student's curriculum and pursuant to a course with a formal practical training component.
- For CPT to be a part of the established curriculum, the student must be enrolled in a course that requires a practical training experience. The student will be responsible for enrolling in the appropriate course.

I certify that I understand the eligibility requirement for CPT as outlined above; I have read the job offer letter and consider the above practical training to be an integral part of the student's program. To the best of my knowledge, all of the above information is accurate.

DEPARTMENT CONTACT'S SIGNATURE:

DATE (MM/DD/YYYY):

COMMENTS (OPTIONAL):