

E. Defense date (if you are enrolled in a non-thesis Master's program, you can skip this question)

Will you defend your thesis or dissertation during this session/semester? Yes No

If yes, when will you defend? _____

(Month/Day/Year)

Please note: If you will defend prior to the mid-term period or have already completed your defense, you are not eligible for CPT this session/semester.

F. Graduation Date

I will complete my program at the end of the _____ semester.

H. Required Signatures

Academic Advisor

To the best of my knowledge, I certify that all information on this form is true and correct. I approve of this student's participation in Curricular Practical Training during the _____ semester. I certify that the CPT employment for which this student is applying for is related to the student's major area of study and/or that the CPT employment is an integral part of an established curriculum.

Academic Advisor's Name (printed)

Academic Advisor's Signature

Signature Date

Department Head's Name (printed)

Department Head's Signature

Signature Date

Student

By signing below, I acknowledge that I have carefully read and understood the CPT instructions on the OIA's web site at <http://oia.louisiana.edu>. I have carefully reviewed my CPT application and certify that all information on it is true and correct. If I am pursuing a second degree in addition to the degree on which this CPT authorization is based, I have already informed my advisor and department head of the second degree program that I may not be pursuing coursework in that degree while on CPT. I understand that the OIA may cancel my CPT authorization at any time if it is determined that any information on or pertaining to my CPT application is false. My F-1 status may be at risk in such cases. I will be informed by the OIA by e-mail to my UL Lafayette account if my CPT is cancelled and if/how the cancellation of my CPT will affect my F-1 status.

Student's Name (printed)

Student's Signature

Signature Date

Name of Employer's Company: _____

Employer's Address: _____

Address

City

State

Zip Code

Employer's Phone Number: _____

CPT STATEMENT OF ACKNOWLEDGEMENT

Please read the information below carefully before signing.

To be completed by the F-1 student

I, the undersigned F-1 student, understand that CPT employment authorization is temporary and is primarily for the purpose of fulfilling my curricular requirements. I am required to maintain either (1) enrollment in the course(s) (includes thesis/dissertation research hours) and/or (2) registration in a UL LAFAYETTE Career Services Internship Program during the period of authorized employment. I understand that if I do not fulfill necessary registration/enrollment requirement, the UL Lafayette Office of International Affairs (OIA) must cancel my CPT authorization.

I will report extensions or any changes (in work plans, locations, hours per week of employment, employment dates, etc.) to my CPT employment to the OIA **before** any such changes occur. I am aware that the changes are subject to approval by the OIA in order to continue my CPT authorization. I understand that if I change employers, I will need to apply for a new CPT by turning in new documents with the new employer information.

I understand that failure to abide by the above conditions may result in the forfeiture of any future terms of CPT authorization.

Student's name (printed): _____

Student's original signature: _____

Date: _____