UNIVERSITY of LOUISIANA LAFAYETTE | Division of Global Engagement

APPLICATION FOR CURRICULAR PRACTICAL TRAINING (CPT) AUTHORIZATION GRADUATE STUDENT

Please allow 3 business days for processing. Incomplete applications will result in longer processing times. E-mail or phone inquiries requesting expedited processing will not receive a response.

A. General Information

UL Lafayette ID#: _____ SEVIS ID#: N_____

Name: _____
(last) (first) (middle)

Date of first entry as an F-1student/effective date of F-1 status: _____
(Month/Day/Year)

1. Have you ever previously had full-time CPT authorization from another school based on the same program level as this CPT request? ◯Yes ◯No
   If yes, please indicate the dates of your full-time CPT authorization from your previous schools for the same program level. Please list additional full-time CPT periods on the back of this form.

   From: _____ to _____ From: _____ to _____
   (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)

   From: _____ to _____ From: _____ to _____
   (Month/Day/Year) (Month/Day/Year) (Month/Day/Year) (Month/Day/Year)

B. Basis of CPT Request

1. On what major is this CPT request based? _____

2. When was your first semester? _____

3. What is the basis of your CPT request?
   ☐ Registration in a course for academic credit requiring off-campus employment for ALL students enrolled in that course.
   Course title and number: _____
   ☐
   ☐

C. Period of CPT Employment

We **CANNOT** backdate CPT authorization, so please allow AT LEAST 3 business days for processing upon submitting your complete CPT application.

If you are graduating at the end of the session/semester, the end date on your job offer letter must NOT be dated beyond your graduation date. Your CPT will **NOT** be processed if the end date is beyond your graduation date.

You are currently applying for (check only one):
☐ Full-time CPT authorization _____ over 20 hours per week
☐ Part-time CPT authorization _____ up to 20 hours per week

D. Other Employment Information

1. Will you hold an assistantship during this session/semester? ☐Yes ☐No
   If yes, for how many hours per week? ☐10 ☐20 ☐Other _____hours per week
   For which department? _____

2. Will you have an on-campus job for this session/semester? ☐Yes ☐No
   If yes, for how many hours a week will you work on campus? _____ hours per week.
   For which department? _____

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: _____