



CPT Request

International Student Program

Student Information

Name : _____ ID# _____
 Phone #: _____ E-mail _____
 Major: _____ Term/Year: _____

Employment Information (Please include job offer letter)

Employer Name: _____ Phone #: _____
 Employer Address: _____

If employer address is different from physical work location, indicate physical site address below:

Physical Address: _____

Your Position Title: _____

I plan to work: Part-Time (20 hours/week or less) Full-Time (more than 20 hours/week)

Total Number of Work Hours (during the semester): _____

Start Date: _____ End Date: _____
Month /Day/ Year Month /Day /Year

Do you have a SSN?: Yes No

Description of work to be performed: _____

Explain how this opportunity is integral/directly related to your major program of study: _____

I have reviewed the CPT Information handout and certify that the above information is accurate. I understand that I must meet all the eligibility requirements and complete the CPT application steps to qualify for CPT. **I understand that starting employment without authorized approval will violate my F-1 status.**

Student Signature: _____ Date: _____
Month /Day /Year

To be Completed by Division Dean/Department Head

Curricular Practical Training (CPT) is a temporary employment option available to F-1 students who are pursuing a degree program at San Jose City College and want to gain practical training in their field of study. The student named above is interested in obtaining curricular practical training in his/her SJCC major program of study.

I have reviewed the above information and the employer job offer letter and certify that this work experience opportunity is integral and/or directly related to the student's major program of study.

The student will earn course credit through the department for specific term listed below:

_____ (Example: ACCTG 138, BUS 138, LASER 138)

Course Name/Number

OR

____ Our department does not offer the course this term. Student may sign up for the WE-088A course.

Division/Department Name: _____

Name of Division Dean/Department Head: _____

Division Dean/Department Head Signature: _____ Date: _____
Month /Day /Year

Note to Student:

After this form is completed, please submit to the International Student Program office. DO NOT begin employment until you obtain the CPT authorization on your I-20.