Application for F-1 students requesting Curricular Practical Training (CPT)

**Please provide the following information along with this form:**

* **A signed offer of employment on company letterhead dated within the past six months.**
* **Copy of your job description on letterhead (if not already included with the offer letter).**

***\*\*This section is to be completed by the student.\*\****

**Family Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program of study** (must match your TWU acceptance letter) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TWU Student ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Term and year you are applying for CPT (ex. Summer 2024):** ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I am requesting authorization for (please choose one)**:
\_\_\_ Part-time Curricular Practical Training (no more than 20 hours per week)
\_\_\_ Full-time Curricular Practical Training (over 20 hours per week)

**Requested employment start date** (must be a date in the future as CPT cannot be backdated). TWU authorizes CPT on a semester basis only and the CPT end date will be adjusted to reflect that of the academic term to which you are applying for CPT.
(begin date – mm/dd/yyyy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of employer as it will appear on your paycheck**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employer State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Worksite location (if worksite location is the same as above employer address please leave blank)**

**Street Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Zip**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand the following**:

* Tennessee Wesleyan’s standard processing time is ten business days from the date of receipt of the CPT application.
* I may not begin employment until I have the work permission in the form of the CPT I-20 (in my hands).
* This employment is employer specific for the dates listed on the I-20 form only. I cannot begin working sooner or continue working later than the employer dates listed on my I-20
* I understand that if I want to change employers I must submit a new CPT application
* If my full or part time employment status changes I will report that to my DSO within ten (10) days of the change
* I must maintain good academic standing in order to be eligible to participate in CPT

Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_