



Office of International Student & Scholar Services

# F-1 Curricular Practical Training (CPT) Request Form

## Student Information (Part 1)

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Family Name* *Given name*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program of study: \_\_\_\_\_ Major: \_\_\_\_\_

Education level:  Bachelor  Graduate  PhD  Other Have you completed CPT in a previous semester at Bard College?  Yes  No

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Employment Information (Part 2)

Company Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  Part Time CPT ≤ 20 hrs/wk  Full time CPT > 20 hrs/wk

Employer Address: \_\_\_\_\_  
*Building #* *Suite/Floor* *Street* *City* *State* *Zip*

Supervisor's Name \_\_\_\_\_ Supervisor's email: \_\_\_\_\_

## Academic Department Recommendation

Curricular Practical Training (CPT) is work authorization for off campus employment in the student's field of study which is a required part of curriculum. The following must be completed by an academic advisor in order to be authorized for CPT. Please only endorse this form after the student has an offer of employment and verify that the employment is directly related to the student's current major/program.

Please verify the information above and complete the section below.

Student's expected program completion date: \_\_\_\_\_

Please check the box for the type of CPT you're recommending.

Required: All students in this program must complete an internship as a degree requirement (Specify course information if applicable)

Elective: The student will earn course credit toward the degree. (Course information required)

Course Title: \_\_\_\_\_ Credits: \_\_\_\_\_

*I confirm the student's employment as described in Part 2 of this form will fulfill the requirements for this elective course or degree program.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_