Curricular Practical Training (CPT) Request

Curricular Practical Training (CPT) is employment that is an integral part of an established curriculum and is available to F-1 students who have been lawfully enrolled on a full-time basis for one academic year. CPT employment must not only be directly related to the major field of study, but must also be an integral or important part of studies. CPT must have a valid purpose in the student's program of study.

To Be Completed By The Student:		
Name:		
Last	First	Middle
Address:		
WIU ID #:	Phone number:	
Level of Education:	Major:	
Email Address:		
CPT Starting Date (MM/DD/YYYY):	CPT Ending Date	(MM/DD/YYYY):
The CPT starting date must be a date in your academic requirements, the end do academic requirements. In addition, CP	ate cannot be later than the o	date you are expected to complet
I am requesting (check one): □ Part time	ne CPT (20 hours or less per w	veek) 🗆 Full time CPT
The CPT/internship course I have register	red for is:	
Name of Employer:		
Position:		
Employer's Address:		
Street	City/State	e Zip Code
Description of Duties (If you need more s	space, please write on a sepa	rate sheet of paper):
Student's Signature		Date:

Curricular Practical Training (CPT) Request

Curricular Practical Training (CPT) is employment that is an integral part of an established curriculum and is available to F-1 students who have been lawfully enrolled on a full-time basis for one academic year. CPT employment must not only be directly related to the major field of study, but must also be an integral or important part of studies. CPT must have a valid purpose in the student's program of study.

To Be	Completed By The Academic	Advisor:	
Numb	per of credits remaining to gradua	te: Expected date of completion:	
The re	ecommendation is based on the fo	ollowing (check only one):	
	The employment is a mandatory requirement to complete graduation requirements (the ninemonths in full-time status rule may be waived for graduate students whose program requires employment before nine months has passed).		
	which the student will receive o	part of the student's academic program of study for course credits (Course Number & Semester:	
	•	nroll for the above course during the semester stated above, cels the CPT authorization. If cancelled, the student may not be s.)	
•		of the established curriculum of the academic program, or how ineed more space, please write on a separate sheet of paper):	
Name	of Academic Advisor		
		Campus Address:	
Signat	ture of Academic Advisor:	Date:	