



**F-1 CURRICULAR PRACTICAL TRAINING REQUEST FORM**

INTERNATIONAL SERVICES  
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**Part I: (To be completed by student)**

Name Student UIN

School/College Department Degree: BA/BS      MA/MS      AA

Major/Field of Study Anticipated Graduation Date

Proposed Training/Training Sponsor/Agency

Address Phone number

Duration of CPT Training/Employment: from to

- Tasks or skills student will engage in
- Type of Training: Full time                      Part time                      Hours per Week

Have you ever been granted full time CPT before? If yes, please provide dates

The proposed training/internship is based on a degree requirement and awarding of course credit upon completion.

Please indicate CRN #

Course name Number of credit hours to be granted

By completing this form, I confirm I have received an offer of training from the employer/agency for the dates above. I understand the CPT authorization is for this employer and these dates only.

Signature of Student Date Phone Number

**Part II: (To be completed by student’s Academic Advisor)**

U.S. Immigration regulations require that Curricular Practical Training be used by students for employment that is required as an integral part of the curriculum. Please indicate the student’s eligibility by checking one of the options below and return the completed form to the student.

1. How/why is this training related to the curriculum?
2. The employment is necessary for the student’s thesis, research project, or degree completion. (If research project, please attach a letter providing details of the relationship between the proposed employment and the student’s research).      Yes                      No
3. Is this type of training required of all students in this degree program?      Yes                      No
4. Is this type of training an “option” for students to meet the degree requirements?      Yes                      No
5. Is this training experience part of an agreed arrangement (partnership) with the sponsoring agency and FGCU?      Yes                      No

Supervising Faculty Member Name

Academic Advisor’s Signature Date Phone Number