

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

### Student Information (Part 1)

Family Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ UNI: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ mm/dd/yy Phone: \_\_\_\_\_

School: \_\_\_\_\_ Major: \_\_\_\_\_

Education level:  Bachelor  Master  PhD

Have you completed CPT in a previous semester at Columbia University?  Yes  No If yes, grade must be in SSOL.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employment Information (Part 2)

Start and end dates: \_\_\_\_\_ mm/dd/yy \_\_\_\_\_ mm/dd/yy  Part-time CPT ≤ 20 hrs/wk  
 Full-time CPT > 20 hrs/wk

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

Employer Address: \_\_\_\_\_  
building # suite/floor street city state zip

Staffing or temp agency. If applicable, complete the information below.

Agency name: \_\_\_\_\_ Address: \_\_\_\_\_  
street city state zip

### Academic Department Recommendation (Part 3)

To be completed by the **supervising faculty member, academic advisor, dean, SIPA OCS or MBA OSA.**

Curricular Practical Training (CPT) can be authorized **only if one of the two situations below applies.**

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

Course Title: \_\_\_\_\_ Number: \_\_\_\_\_ Term \_\_\_\_\_ Credits \_\_\_\_\_

**Elective:** The student will earn course credit toward the degree. It must be listed with other degree electives and confer commensurate credit.

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

**Note:** Student must have received a grade for any previous CPT which *must be reflected in SSOL.*

Faculty/Advisor Name (print): \_\_\_\_\_ Email: \_\_\_\_\_

Title/Department: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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