APPLICATION FOR CURRICULAR PRACTICAL TRAINING (CPT) AUTHORIZATION GRADUATE STUDENT

Please allow 3 business days for processing. Incomplete applications will result in longer processing times. E-mail or phone inquiries requesting expedited processing will not receive a response.

A. General Information

UL Lafayette ID) #:	SEVIS ID#	SEVIS ID#: N			
Name:						
	(last)	(first)		(middle)		
Date of first entr	ry as an F-1student/effective date of F-1 st	tatus:				
-	ever previously had full-time CPT autho	rization from an	(Month/Da other school based on	•		
If yes, p	nest? Yes No please indicate the dates of your full-time m level. Please list additional full-time Cl			s schools for the same		
From:	to	From:	to)		
	(Month/Day/Year) (Month/Day/Year)		(Month/Day/Year)	(Month/Day/Year)		
From:	to	From:	to)		
	(Month/Day/Year) (Month/Day/Year)		(Month/Day/Year)	(Month/Day/Year)		
2. When wa 3. What is t Reg Cou Regi Regi Regi C. Period of We CANN submitting	major is this CPT request based? as your first semester? the basis of your CPT request? You are registration in a course for academic credit registration in an internship through the Officistration in a course for academic credit in a course	equired to check equiring off-cam ce of Career Serven student's major	at least one. spus employment of spus employment o	tudents enrolled in that course.		
beyond	are graduating at the end of the session/ser your graduation date. Your CPT will Note to are currently applying for (check only a Full-time CPT authorization	OT be processed one): over 20 hours pe	I if the end date is beg er week			
1. Will you If yes, f	nployment Information I hold an assistantship during this session for how many hours per week? □ 10 □ I hich department?	20 □ Other	hours per	week		
If yes, f	I have an on-campus job for this session/s for how many hours a week will you work ich department?			week.		

Е.	Defense date (if you are enrolled in a non-thesis Master's program, you can skip this question) Will you defend your thesis or dissertation during this session/semester? No								
	If yes, when will you defend?(Month/Day/Year) Please note: If you will defend prior to the mid-term period or have already completed your defense, you are not eligible for CPT this session/semester.								
F.	Graduation Date								
	I will complete my program at the								
Н.	. Required Signatures								
	To the best of my knowledge, I c participation in Curricular Prac employment for which this stude employment is an integral part of	ertify that all information of tical Training during the _ ent is applying for is related	to the student's m	semester. I	certify that the CPT				
	ademic Advisor's Name (printed)	Academic Advisor's Signa	ture		Signature Date				
— Dep	partment Head's Name (printed)	Department Head's Signa	ture		Signature Date				
	By signing below, I acknowledge http://oia.louisiana.edu . I have correct. If I am pursuing a secon informed my advisor and depart while on CPT. I understand that information on or pertaining to the OIA by e-mail to my UL Laft my F-1 status.	e that I have carefully read carefully read carefully reviewed my CPT and degree in addition to the ment head of the second deat the OIA may cancel my Cany CPT application is falso	application and ce e degree on which t gree program that PT authorization o e. My F-1 status m	ertify that all information this CPT authorization is I may not be pursuing co at any time if it is determi ay be at risk in such case	on it is true and based, I have already cursework in that degree ned that any s. I will be informed by				
Stud	dent's Name (printed)	Student's Signature			Signature Date				
Na	nme of Employer's Company:								
En	nployer's Address: Address								
	City		State	Zip Code					
En	nployer's Phone Number:								

CPT STATEMENT OF ACKNOWLEDGEMENT

Please read the information below carefully before signing.

To be completed by the F-1 student

I, the undersigned F-1 student, understand that CPT employment authorization is temporary and is primarily for the purpose of fulfilling my curricular requirements. I am required to maintain either (1) enrollment in the course(s) (includes thesis/dissertation research hours) and/or (2) registration in a UL LAFAYETTE Career Services Internship Program <u>during the period of authorized employment</u>. I understand that if I do not fulfill necessary registration/enrollment requirement, the UL Lafayette Office of International Affairs (OIA) must cancel my CPT authorization.

I will report extensions or any changes (in work plans, locations, hours per week of employment, employment dates, etc.) to my CPT employment to the OIA <u>before</u> any such changes occur. I am aware that the changes are subject to approval by the OIA in order to continue my CPT authorization. I understand that if I change employers, I will need to apply for a new CPT by turning in new documents with the new employer information.

I understand that failure to abide by the above conditions may result in the forfeiture of any future terms of CPT authorization.

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Student's name (printed):			
Student's original signature:			
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