



METRO STATE UNIVERSITY

INTERNATIONAL STUDENT SERVICES

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Curricular Practical Training (CPT) Request Form

CPT is alternative work/study, internship, cooperative education or any other type of required internship or practicum that is offered by sponsoring employers through cooperative agreements with the school.

To be completed by the student

Personal Information

Metro State ID #: Date of Birth: Last Name (surname): First Name (given): Personal Email: U.S. Phone number: Physical Address in MN (Please verify your address on the USPS website and type exactly as it appears) Street Address: Apt/Suite/Other: City: State: Zip Code:

Academic Information

Level of Study: Undergraduate/Bachelors Graduate/Masters Major of Study:

Employer Information

Employer Name: Employer EIN: Employer Address (Please verify the address on the USPS website and type exactly as it appears) Street Address: Apt/Suite/Other: City: State: Zip Code: Is this the same employer and address in which you will be physically located: YES NO If no, please enter your physical site information: CPT requested start date: CPT requested end date: PT FT

Student Signature

By signing below, I verify my eligibility for CPT authorization, that the internship/practicum is integral to my program of study, and that I understand that working without authorization constitutes illegal employment and will result in the termination of my F-1 status.

Student Signature: Date: