

700 East Seventh Street, Saint Paul, MN 55106-5000 651.793.1579 | international.studentservices@metrostate.edu metrostate.edu | A member of Minnesota State

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:	(mm/dd/yyyy)
Last Name (surnar	ne):	First Name (given):	
Metro State Email:			
Personal Email:		U.S. Phone number	.;
Physical Address in MN (<i>Please verify your address on the</i> <u>USPS website</u> and type exactly as it appears)			
Street Address:		Apt/Suite/Ot	her:
City:	State:	Zip Code:	
Academic Informa	ation		
Level of Study:	Undergraduate/Bach	elors Graduate/Masters	
Major of Study:			
Employer Informa	ation		
Employer Name:_		Employer Ell	N:
Employer Address (Please verify the address on the <u>USPS website</u> 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 sta	rt date:CF	T 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:
This document is available in alternative formats upon request, by contacting the Center for Accessibility			

Resources, Accessibility.Resources@metrostate.edu or 651.793.1549.