



Curricular Practical Training Application for F-1 Students

Please print clearly. Complete this sheet and return it with the supporting documents. Failure to provide the required information in an accurate and timely manner may delay the submission of your CPT application. *An appointment will NOT be set without this application and supporting documentation.*

Last (Family) Name: _____ First (Given) Name: _____

Date of birth: _____ CHU ID #: _____ SEVIS # N _____

Local Address: _____

Local Phone Number: _____ (home) _____ (cell)

Current Enrollment (check one): Bachelor's Master's Major: _____

Anticipated program completion date (MM/DD/YYYY): _____

EMPLOYMENT INFORMATION:

Job Title	P/T or F/T	Start Date/End Date	Employer Name	Employer Address

For this CPT, the student will:

Satisfy a degree requirement Receive course credit: Course Number _____

Please describe how the work experience is related to the student's academic program:

Signature: _____ Date: _____

Please return this form with the supporting documents to: Admissions Office, CHU at your designated appointment time.