



**STUDENT INFORMATION**

NAME	ID
MAJOR	PROGRAM START DATE

**EMPLOYER INFORMATION\***

NAME OF HIRING COMPANY, VENUE, OR INDIVIDUAL	START DATE	END DATE
LOCATION	SALARY	
JOB TITLE	NUMBER OF HOURS PER WEEK	
DESCRIPTION OF JOB		
SUPERVISOR NAME	PHONE	
SUPERVISOR SIGNATURE	EMAIL	
DATE		

\*If the student has an offer letter or contract detailing this work experience, please attach it to this form.

**ACADEMIC ADVISOR CERTIFICATION**

F-1 students may be authorized to work off-campus through CPT, which allows work experience prior to graduation that is an integral part of an established curriculum. Please review the following with your student:

	YES	NO
<b>1. Does this proposed work experience relate to their academic major?</b>		
<b>2. Is this work experience required as part of the department's curriculum?</b>	COURSE#:	
<b>3. Will the student be enrolled in a for-credit course which corresponds with the experience?</b>	COURSE#:	
ADVISOR NAME		
SIGNATURE		DATE

**DSO VERIFICATION** by the Intercultural Office

This CPT experience is	APPROVED	NOT APPROVED
Comments:		
DSO NAME	DSO SIGNATURE	