

## Curricular Practical Training (CPT) Request

Name: \_\_\_\_\_  
First
Middle
Last

YVCC ID #: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\*CPT requested dates: \_\_\_\_\_ to \_\_\_\_\_  Full time  Part time (check one)  
beginning date (mm/dd/yyyy)
ending date (mm/dd/yyyy)

*\*Beginning date must be on or after the first day of the quarter and end prior to the start of the next quarter. It must also be five days after this form and employer letter have been submitted.*

### Student Acknowledgment

I will do the following:

- Work no more than 20 hours per week while school is in session.
- Enroll for academic credit throughout the duration of the training.
- Maintain good academic standing during Curricular Practical Training.
- Retain a valid passport at all times.
- Maintain a valid Form I-20 and renew it prior to its expiration date.
- Complete a full course of study every quarter except for my authorized vacations.
- Terminate immediately my employment upon violation of any requirement listed above.

With my signature below, I acknowledge having read and agree to abide by the requirements above regarding the maintenance of my legal status and the continuation of my eligibility for off-campus CPT employment. I understand that I must return to International Student Program office to sign and pick up my new form I-20.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<p><b>FOR OFFICE USE (STAFF ONLY):</b></p> <p><input type="checkbox"/> Current original student I-20</p> <p><input type="checkbox"/> Prospective employer letter (on letterhead):</p> <p><input type="checkbox"/> firm's name and contact information      <input type="checkbox"/> nature of the training</p> <p><input type="checkbox"/> position designated as part-time (20 hrs/wk) or full-time (20+ hrs/wk)</p> <p><input type="checkbox"/> beginning and ending employment dates</p> <p><input type="checkbox"/> proper signature</p> <p><input type="checkbox"/> Major: _____</p> <p><input type="checkbox"/> I-20 Expiration: _____</p> <p><input type="checkbox"/> Passport Expiration: _____</p> <p>Processed by: _____ Date: _____</p>	<p style="font-weight: bold; font-size: 1.2em;">RECEIVED</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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