

F-1 Curricular Practical Training (CPT) Request Form

Student Information (Part 1)

Family Name: _____ Given Name: _____ UNI: _____

Date of Birth : _____ mm/dd/yy
Phone: _____

School: _____ Major: _____ Education level: Master PhD

Have you completed CPT in a previous semester at Columbia University? Yes No If yes, grade must be in SSOL.

Student's Signature: _____ Date: _____

Employment Information (Part 2)

Start and end dates: _____ mm/dd/yy _____ mm/dd/yy Part-time CPT ≤ 20 hrs/wk
 Full-time CPT > 20 hrs/wk

Employer Name: _____

Employer Address: _____
building # suite/floor street city state zip

Staffing or temp agency, if applicable:

Company name: _____ Address: _____
street city state zip

Academic Department Recommendation (Part 3)

To be completed by the **supervising faculty member, academic advisor, dean, SIPA OCS or MBA OSA.**

Curricular Practical Training (CPT) can be authorized **only in one of the two situations below.**

Required: All students in this program must complete an internship as a degree requirement. Specify course information if applicable.

Course Title: _____ Number: _____ Term _____ Credits _____

Elective: The student will earn course credit toward the degree. It must be listed with other degree electives and confer commensurate credit.

Course Title: _____ Number _____ Term _____ Credits _____

Note: Student must have received a grade for any previous CPT which *must be reflected in SSOL.*

Faculty/Advisor Name (print): _____ Email: _____

Title/Department: _____ Phone: _____

I confirm the student's employment as described in Part 2 of this form will fulfill the requirements for this course/program.

Signature: _____ Date: _____