

## 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:  Bachelor  Master  JD  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  
Company Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
building # suite/floor street city state zip  
Staffing or temp agency. If applicable, complete the information below.  
Agency name: \_\_\_\_\_ Address: \_\_\_\_\_  
street city state zip

### Academic Department Recommendation (Part 3)

To be completed by the **supervising faculty member, academic advisor, dean, SIPA OCS, MBA OSA, or Law School Registration Services**  
Curricular Practical Training (CPT) can be authorized **only if one of the two situations below applies.**  
**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: \_\_\_\_\_