

CPT Application Form

Submit following documents to International Student Services:

- CPT Application Form with appropriate signatures

Section 1 & 2 must be completed by you and Section 3 by your academic/internship advisor.

- A letter from the prospective employer (on a company’s official company letterhead) – the letter must include:
 - Company’s letterhead addressed to you
 - Job title and description
 - Location of employment
 - Specify the exact dates of employment and part-time / full-time
 - Employer’s signature

- A copy of enrollment

** Please Note: Regardless of the date you desire to start working, your CPT will only start on or after the first day of each semester. You will be contacted by ISS to pick up your new I-20.*

Paid Internship (Applying for Social Security Number):

- A copy of the employment offer letter
- Request a letter for Social Security Office from International Student Advisor.
- Visit the Social Security Administration office with letters issued, a new I-20, and your immigration documents.
- Please refer to the SSN information document.

STUDENT ACKNOWLEDGEMENT

- I understand that I can **ONLY begin working based on the authorized CPT start date and end my internship by the authorized CPT end date.** Working outside of the dates shown on my I-20 is a violation of F-1 status; as a result, my F-1 status will be terminated.
- I understand that once my CPT authorization is granted, I am not able to change my employer; if I do, I must notify the International Student Services Office first.
- I understand that CPT is only authorized when I am enrolled in the required course or if my degree program requires the internship hours.
- I understand that I must maintain good academic standing while I am on my CPT.
- I understand that I am permitted a full time CPT ONLY during the Summer Break.

I have read the information above and understand the requirements and consequences.

Student’s Name _____ Student’s Signature _____ Date _____

FOR INTERNATIONAL STUDENT SERVICES USE ONLY		
<input type="checkbox"/> GPA reviewed	<input type="checkbox"/> Full-time one academic year	<input type="checkbox"/> Graduation Term
<input type="checkbox"/> I-20 Program End Date	<input type="checkbox"/> Previous Authorizations	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

SECTION 1: Student Information

LAST/FAMILY NAME:		FIRST/GIVEN NAME:	
CSUDH STUDENT ID #:		CSUDH EMAIL:	PHONE NUMBER:
U.S. ADDRESS	STREET ADDRESS:		UNIT #:
	CITY:	STATE:	ZIP CODE:

SECTION 2: Employment Information

JOB TITLE:		HOURS PER WEEK: <input type="checkbox"/> PART-TIME (20 HOURS OR LESS PER WEEK) <input type="checkbox"/> FULL-TIME (OVER 20 HOURS PER WEEK)	
START DATE OF INTERNSHIP/TRAINING (MM/DD/YYYY):		END DATE OF INTERNSHIP/TRAINING (MM/DD/YYYY):	
COMPANY / EMPLOYER NAME:			
STREET ADDRESS:			
CITY:		STATE:	ZIP CODE:
SUPERVISOR'S NAME:		SUPERVISOR'S TITLE:	
SUPERVISOR'S PHONE NUMBER:		SUPERVISOR'S EMAIL:	

SECTION 3: Academic Department Recommendation

Immigration Regulations require that the academic department advisor recommending the student's academic training verify the student's good academic standing and academic progress in the degree.

REASON FOR RECOMMENDATION:	<input type="checkbox"/> The student is enrolled in a course designated for internship hours: Course # _____ <input type="checkbox"/> Employment is a curriculum requirement: Major _____
HOW THIS INTERNSHIP IS RELATED TO THE ACADEMIC PROGRAM:	
STUDENT'S EXPECTED GRADUATION DATE (SEMESTER/YEAR):	STUDENT'S MAJOR:
ADVISOR'S NAME:	ACADEMIC DEPARTMENT:
ADVISOR'S PHONE:	ADVISOR'S EMAIL:
ADVISOR'S SIGNATURE	DATE: