



First Name: _____ Last Name: _____ Date of Birth: _____
Degree Level: _____ Major: _____ Do you currently work on campus: _____

If you currently work on campus, provide details on the number of hours worked per week, the dates of employment, and the name of the employing department:

Read and initial the following statements:

_____ I have read the Curricular Practical Training information on the CGE website.

_____ I have been enrolled full-time for an academic year and am eligible to apply for Curricular Practical Training authorization, OR I am a graduate student in a program that **requires** immediate internship/practicum/coop/work experience.

_____ I understand that **I cannot begin employment until authorized and I must end employment at the end of the authorized period**. I understand that unauthorized employment results in termination of my SEVIS record.

_____ I understand that if I use 12 months or more of full-time CPT (more than 365 days total), I will no longer be eligible for OPT.

_____ I understand that my **CPT authorization is based on enrollment**. Any changes to enrollment could end CPT authorization immediately.

_____ I will notify my international student advisor at the Center for Global Engagement if there are any changes to my employment (hours, location, duties, etc.) after CPT is authorized. **I must notify the CGE of any employment changes**. This includes on-campus employment, additional hours, change of dates.

_____ I am submitting a complete application (see list below) and understand that **processing time is one week if the application is complete and the CGE doesn't need additional clarification on any information**. All documents below must be submitted in NoleStart and filled out completely in order for CGE to start the CPT Authorization process:

1. Student Application Form (initialed above and signed below by you)
2. Employment Verification Form (signed and filled out completely by your employer)
3. Advisor Application Form (signed and filled out completely by you and your advisor in your academic department)

Student Signature: _____

Date: _____