

Academic Advising and Partnerships

PH: 734-462-7437 | FAX: 734-462-4431 18600 Haggerty Road, Livonia, MI 48152-2696

Date	

CPT Request Packet

Use this form to request curricular practical training (CPT) authorization from Schoolcraft College. In order to be eligible for CPT it must be a required component of your academic program and you must be registered for that class in the semester of CPT approval. After completing the following forms please schedule an appointment with the international coordinator to discuss the request.

When you meet with the international coordinator to have your CPT request reviewed, please bring the following documents:

- ☐ CPT Request Form (included in this packet)
- ☐ Current I-20
- □ Latest Form I-94
- ☐ Proof of class registration for semester of CPT
- ☐ Original offer letter from employer which must contain
 - Your name
 - State the job offer, position, and duties
 - Specify the company's name and address
 - State the number of hours to be worked
 - State the dates of CPT employment (semester dates)
 - Supervisor's name and contact information

REVISED July 9, 2018 WWW.SCHOOLCRAFT.EDU



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CPT Request Form

LAST (FAMILY) NAME	FIRST NAME	
STUDENT ID NO.	MAJOR	
HAVE YOU EVER BEEN PREVIOUSLY AUTHORIZED FOR CPT? IF YES, WHEN?		
HAVE YOU EVER BEEN EMPLOYED ON CAMPUS? IF YES, WHEN?		
HAVE TOO EVEN BEEN EMPLOTED ON CAMPOS: IF TES, WHEN:		
EXPECTED DATE OF COMPLETION OF DEGREE		
TITLE OF COURSE FOR CPT		
TITLE OF COURSE FOR CPT		
COURSE NO.	HOW MANY CREDIT HOURS IS THE COURSE?	
FACULTY RESPONSIBLE FOR COURSE		
SEMESTER OF CPT AUTHORIZATION		
CENTICATED CTART DATE	CENACCTED FAID DATE	
SEMESTER START DATE	SEMESTER END DATE	
COMPANY NAME	POSITION AT COMPANY	
COMPANY ADDRESS		
DESCRIBE YOUR REASON FOR WORKING WITH THIS EMPLOYER		
STUDENT CIONATURE	DATE	
STUDENT SIGNATURE	DATE	

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