COLUMBIA | ISSO
International Students & Scholars Office

F-1 Curricular Practical Training (CPT) Request Form

Student Information (Part 1)

Family Name: _____   Given Name: _____   UNI: _____

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

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: _____   _____   ☐ Part-time CPT ≤ 20 hrs/wk
                         mm/dd/yy   mm/dd/yy   ☐ 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**: _____