

CPT AUTHORIZATION REQUEST FORM

TO BE COMPLETED BY STUDENT

NAME:	STUDENT ID:					
EMAIL:						
ADDRESS:						
TELEPHONE/MOBILE NUMBER:	MAJOR(S):					
I have completed two full-time semesters in active F-1 Status: Yes: C] No: □					
CPT Employment Information						
Job Title:						
Company Name:						
Work Schedule (select one):						
Part-time (<20 hours/week): ☐ Full-time (>21 hours/week): ☐						
Requested CPT Authorization Dates:						
Start Date: Click or tap to enter a date. End	Date: Click or tap to enter a date. t semester.					
Course Information						
Name and Code of course:						
Semester of course enrollment:						
I have a verification letter from my employer that outlines the work p	roposed for CPT: Yes □ No □					
By signing this request form, I acknowledge that I will not begin any e and I will only work during the CPT dates listed on my CPT I-20. World F-1 status.						
Signature of student:	Date: Click or tap to enter a					



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TO BE COMPLETED BY COUNSELING CENTER, CAREER CENTER, or ACADEMIC DIVISION

Student's Major(s):					
Expected Graduation	n Date: Click or tap t	to enter a date.			
Level of Study:					
Associate D	egree: 🗆 🛮 Bach	ielor Degree: □			
Please confirm that t	he student will be re	eceiving course credit i	n the student's major:	Yes: □	No: □
Please note how this	CPT experience dire	ectly relates to the stu	dent's current major ar	ea of study:	
Signature : Date: Click or tap to enter a date.					
Name (PRINT):					
Title:					
Division:					
Please complete for	n and return to your	DSO in JSC-208. Plea	se submit the following	g with this co	ompleted form:
1. Copy of Re	gistration to confirm	enrollment in course l	sted on this form		
2. Copy of em	2. Copy of employment letter (please see attached Verification letter template)				

Please inform the International Student Program at SAC of employment and any change of employment within 10 days of any changes.

F-1 CPT Verification Letter Template

Verification letters should be printed on employer's business letterhead, with signature.

[date]

To Whom It May Concern:

This letter is to certify the following international student's participation in an F-1 Curricular Practical Training work-based learning experience. This letter serves as a cooperative agreement between the Employer and the Santa Ana College International Student Program. The Employer agrees to provide the student an educational work-based learning experience directly related to the student's major field of study, fulfilling all or part of the student's degree or internship enrollment requirement.

- 1. Student full legal name:
- 2. Company Name:
- 3. Company Address:
- 4. Student's Job Title:
- 5. Job Description (please attach additional pages if needed for full job description)
- 6. Dates of employment (specific start and end date)
- 7. Hours per week:
- 8. Supervisor's Name:
- 9. Supervisor's Job Title:
- 10. Supervisor Contact Information (Phone or Email):

Signature Block