

## CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

**Last Name:** \_\_\_\_\_ **Given Name:** \_\_\_\_\_  
(as appears on passport) (as appears on passport)

**UCLA ID#:** \_\_\_\_\_ **SEVIS ID#:** N \_\_\_\_\_

**Major:** \_\_\_\_\_ **Country of Citizenship:** \_\_\_\_\_

**Degree Objective:** Bachelor's    Master's    Doctorate    **Email:** \_\_\_\_\_

**Degree Start Term:** \_\_\_\_\_ **Anticipated Degree End Term:** \_\_\_\_\_

**CPT APPLICATION CHECKLIST** (submit via email to [dcissf1unit@saonet.ucla.edu](mailto:dcissf1unit@saonet.ucla.edu)) *Processing timeline 10 business days*

I have an internship/employment offer letter on company letterhead that includes start date, end date, number of hours per week, and signature from the employer.

I have an internship/employment offer letter that includes a description of job duties demonstrating direct connection to my major and degree level.

I am enrolled and will remain enrolled in an internship course during the term the CPT work authorization will occur. My CPT internship course is \_\_\_\_\_. *If applicable, I have provided a support letter from my graduate academic department to waive the CPT course enrollment requirement (please see the [CPT Guidelines for Graduate Students](#) for eligibility).*

I have completed the CPT Request Form, Explanation, and signed the Certification (pages 1 and 2 of this form)

**CPT EMPLOYMENT INFORMATION** (If summer CPT, summer fees must be paid)

**CPT Term:**                      Fall                      Winter                      Spring                      Summer

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Hours per Week:**                      Part-Time CPT (20 hours or less per week)                      Full-Time CPT (more than 20 hours per week)

**Company Name:** \_\_\_\_\_

**Company Address:** Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	<b>INIT:</b> _____ <b>DATE:</b> _____
	<input type="checkbox"/> Restriction Holds <input type="checkbox"/> Current Enrollment <input type="checkbox"/> Past Enrollment <input type="checkbox"/> Current I-20

**CPT EXPLANATION AND CERTIFICATION**

**Student's Name:** \_\_\_\_\_ **UCLA ID#:** \_\_\_\_\_

F-1 visa regulations require that a practical training opportunity be directly related to the student's major area of study. Explain in 3-5 sentences how your employment/internship, as described in your employment/internship offer letter, is directly related to your major field of study:

**CERTIFICATION:**

I have read and understand the eligibility requirements and work restrictions of CPT. I certify that my practical training opportunity is directly related to my major field of study and have provided an accurate description of how my employment/internship is directly related to my major field of study. I will notify an F-1 Counselor at the Dashew Center immediately regarding any changes or deviations from the offer letter or explanation provided above regarding my CPT opportunity. **I understand that if I drop or do not complete the individual studies/internship course required for CPT authorization during this term, my CPT authorization will be revoked, and I will be in violation of my F-1 status.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOCIAL SECURITY NUMBER**

A Social Security Number (SSN) is required to receive wages, file taxes, and receive some types of government services in the United States.

If your CPT has been approved by the Dashew Center and you do not have a SSN, please [request a Social Security Support Letter](#) before applying for a SSN from your local Social Security Administration (SSA) office. Students who already have an SSN do not need to apply for a new SSN.

The earliest you can apply for a Social Security Number is 30 days before your CPT internship/employment start date. For more information about applying for an SSN, please review the [‘Social Security Letter’ tab on the Dashew Center website](#).