



Office of International Students and Scholars
 Box 355832 Seattle, WA 98195-5832
 Phone: 206.221.4404 Fax: 206.685.3511
 www.iss.washington.edu

Student's name: _____
Last First

Student ID #: _____ SEVIS ID #: N _____

Email: _____ Phone: _____

CURRICULAR PRACTICAL TRAINING REQUEST FORM

I am requesting Curricular Practical Training (CPT) (check one):

- part-time (up to 20 hours/week)
- full-time (more than 20 hours/week)

Requested CPT Start date: _____ End date: _____

Previously authorized periods of full-time CPT or OPT: _____

Student signature: _____ Date: _____

To be completed by Academic Adviser or Graduate Program Coordinator:

The above named student is making normal progress toward his/her educational objective.

Student's field of study: _____ Degree level: _____

Student is expected to complete his/her educational objective _____ quarter, 20____

The proposed Curricular Practical Training (check one):

- is required for the student's degree program
- is an optional but integral part of the established curriculum and directly related to the student's major area of study, for which the student will earn credit.

I have attached a support letter recommending the proposed CPT.

Adviser name: _____ Phone: _____

Signature: _____ Date: _____

Allow one week for processing.