CLARK ATLANTA UNIVERSITY
APPLICATION FOR CURRICULAR PRACTICAL TRAINING (CPT)

## SECTION A. TO BE COMPLETED BY THE STUDENT

| | |
|---|---|
| Visa type | Email |
| SEVIS ID | CAU ID 900 |

| Please check ☐ Mr. ☐ Mrs. ☐ Dr. ☐ Ms. | Gender: ☐ Male ☐ Female | Date of birth __ / __ / ____ *mm/dd/yyyy* |
|---|---|---|

| Last name | First name | Middle name |
|---|---|---|
| | | |

| Phone | Citizenship | I-20 expiration date |
|---|---|---|
| | | __ / __ / ____ *mm/dd/yyyy* |

## CURRENT ADDRESS

| Street | | |
|---|---|---|
| City | State | Zip Code |

## ACADEMIC DATA

| Department/college | Major |
|---|---|
| | |

Degree expected: ☐ BA ☐ BS ☐ MA ☐ MS ☐ Ph. D.

Curricular Practical Training (CPT) is an internship, practicum, research or other type of temporary employment that is directly related to your field of study and is an integral part of an established curriculum.

To be approved for CPT, you must have a CAU cumulative grade point average of 2.75. The following documents are also required:

- o CPT Application Form, completed by you and your academic advisor
- o Current Form I-20, passport and Form I-94
- o An offer letter from a specific employer that includes the job title and job description; exact dates of employment; name of supervisor, number of hours of work per week; and, the physical place of employment (street address, no P.O. Boxes).

**REMEMBER**: You may only begin CPT Employment after you have obtained your Form I-20 endorsed with the CPT authorization from the Office of Multicultural Services.

**PLEASE COMPLETE THE BACK OF THIS FORM**

## SECTION B.  REQUIRED SIGNATURE APPROVALS

### ACADEMIC ADVISOR

| Last Name | First Name | Email |
|---|---|---|
| | | |
| **Department** | **Campus Phone** | **Signature** |
| | | |
| | | **Date** |
| | | __ / __ / ____ <br> *mm/dd/yyyy* |

☐ I certify that this request for CPT is accurate and directly related to the student's program of study.st is accurate.

### ACADEMIC DEPARTMENT CHAIR

| Last Name | First Name | Email |
|---|---|---|
| | | |
| **Department** | **Campus Phone** | **Signature** |
| | | |
| | | **Date** |
| | | __ / __ / ____ <br> *mm/dd/yyyy* |

### OFFICE OF INTERNATIONAL PROGRAMS – Dr. Letoiya Starr Irving

| Signature | Date |
|---|---|
| | __ / __ / ____ <br> *mm/dd/yyyy* |