

Curricular Practical Training (CPT) Application Form

(Section 1 of 3)

This form must be accompanied by a letter of employment from your proposed employer.

SECTION I: TO BE COMPLETED BY THE STUDENT

Full Name:

<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year:
<input type="checkbox"/> My current/ mailing address and permanent/home country address information is up to date and up to date in the MyLewis Portal. Not updating your address properly may result to denial of CPT.			

SECTION 1 TO BE COMPLETED BY STUDENT ONLY IF THE PROPOSED TRAINING IS REQUIRED FOR GRADUATION.

- x This portion can be left blank if proposed training satisfies a course requirement offered by Lewis University.
- x If training is not required for graduation:
 - o This page must be accompanied by your Degree Works page summary
 - o You cannot reuse the same course that has already been linked to your employment.
 - o CPT can only be authorized for one academic year (no more than 3 semesters) at a time.

List the specific course/s that the CPT Internship will be tied/linked to:

FALL SEMESTER COURSE/S ONLY	Year:
Course Title:	Subject/course #:
Course description (Can be found on your program curriculum online).	
With the course description stated above, explain your learning objective through your CPT employment.	

SPRING SEMESTER COURSE/S ONLY	Year:
Course Title:	Subject/course #:
Course description (Can be found on your program curriculum online).	
With the course description stated above, explain your learning objective through your CPT employment.	

SUMMER SEMESTER COURSE/S ONLY	Year:
Course Title:	Subject/course #:
Course description (Can be found on your program curriculum online).	

CURRICULAR PRACTICAL TRAINING (CPT) COOPERATIVE AGREEMENT

(Section 2 of 3)

SECTION II: TO BE COMPLETED BY THE PROPOSED EMPLOYER

The student will be authorized to conduct this employment through ~~CPT~~ authorization under the ~~FL~~

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Training objectives Please list the academic/ learning objectives for the work period and what skills/ experience the student will gain

EMPLOYER ACKNOWLEDGEMENT:

Our company certifies that the following **Curricular Practical Training** workbased training experience. This serves as an agreement between the Employer & the Student. The employer agrees to provide the student an educational work program of study.

EMPLOYER NAME:	TITLE:
EMPLOYER SIGNATURE:	EMAIL ADDRESS:

Employers After completing and signing Section II of this form, please return to the student.

