

# International Education

**Please Return To:**

Office of International Education  
 Marquette University Holthusen  
 Hall, 4th floor; P.O. Box 1881  
 Milwaukee, WI 53201

## REQUEST FOR CURRICULAR PRACTICAL TRAINING (CPT)

To ensure this form is properly completed, the student and Marquette faculty completing the form should first read the regulatory information on CPT summarized on OIE's website so that they understand both the CPT eligibility requirements as well as the limits on CPT timing and duration. CPT will not be authorized before the student is registered for the class indicated below as the basis for the CPT work experience and CPT work must not begin until the student has received written CPT authorization from OIE on an updated I-20.

### I. To be completed by the student:

Your name (Last/Family, First): \_\_\_\_\_ MU ID: \_\_\_\_\_

Degree level: \_\_\_\_\_ Major: \_\_\_\_\_

By checking this box, I certify that I have read and understand the CPT regulations on OIE's CPT webpage.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### II. To be completed by Internship Coordinator or Academic Advisor:

Please provide the required CPT program details below.

Employer/Company name: \_\_\_\_\_

Training Site Address : \_\_\_\_\_ (street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Dates of employment: \_\_\_\_\_ to \_\_\_\_\_ \*Hours per week: \_\_\_\_\_

Marquette course number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Academic Term: \_\_\_\_\_

Marquette faculty instructor: \_\_\_\_\_

\*Total hours not to exceed 120 hours/credit during semester or 180 hours/credit during summer.

By checking this box, I certify that the credits for this CPT program will count towards the student's graduation requirements.

By checking this box, I certify that I have attached and reviewed the job description for this CPT program.

By checking this box, I certify that I have attached and reviewed the evaluation/grading details for this CPT program.

By checking this box, I certify that the job duties for the CPT program directly relate to the student's major.

Name of College Internship coordinator or Academic Advisor: \_\_\_\_\_

Signature of College Internship Coordinator or Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

### III. Employer Confirmation:

By signing below, I verify that I understand the CPT details specified in this form and attached documents and agree to be a sponsoring employer.

Employer Name & Title: \_\_\_\_\_

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