

CPT REQUEST FORM FOR F-1 STUDENTS

1. Is this employment required to meet a requirement for your major or a course you are taking toward your major? CPT authorization is not available for a course related to a minor or a course that is a non-major elective.

Yes. → Continue to Number 2 below.

No. → You are not eligible for CPT.

2. **Enroll** in the appropriate course in order to receive credit for CPT.
3. **Print** your job offer letter and attach it to this form.
4. **Get a recommendation signature** from your academic department at the bottom of this form.
5. **Submit** the CPT Application Form to WSU ISSS Office.
6. **Pick up your new I-20** at the WSU ISSS Office **three business days** after submitting your application.

To extend CPT beyond the current semester, complete steps 1-5 again. An extension of CPT authorization cannot be granted until proof of enrollment is available. Students who are working in the Fall term and wish to extend through winter break into the Spring term should consult with an advisor at WSU ISSS Office.

Student Information

Family/Last Name:	Given/First Name:
Student ID Number:	Level of Study: (place mark in box below)
Major/Department:	<input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate
Telephone:	Email:

Employment Information – A copy your job offer letter is also required

Job Title:	<input type="checkbox"/> Part-time (20 hours/week or less) <input type="checkbox"/> Full-time (more than 20 hours/week)
• Fall or Spring CPT dates must start no earlier than first day of semester instruction and end no later than the last day of finals.	
Requested Start Date* : (*Date must allow for three business day processing time)	Requested End Date :
Company Name: Company Address: _____ City: _____ State: _____ Zip Code: _____ Is this your physical work location? <input type="checkbox"/> Yes <input type="checkbox"/> No* (*complete Physical Site of Activity box below)	
Physical Site of Activity Name: Physical Site of Activity Address: _____ City: _____ State: _____ Zip Code: _____	

Academic Department Recommendation To be completed by academic advisor.

Advisor's Name:	Department:
Telephone:	Email:
Student's Expected Program Completion Date:	
Select one of the following: <input type="checkbox"/> This internship will fulfill a degree requirement that is listed in the WSU Catalog. Student will NOT be enrolled in a course. <input type="checkbox"/> This CPT is required for a course for which the student will be receiving course credit . The course number is: _____ (course # required) (If student will receive course credit, ISSS will verify enrollment on the student's record prior to authorizing employment.)	
By signing below, I confirm that this work experience is directly related to the student's major. CPT authorization is not available for a course related to a minor or a course that is a non-major elective.	
Advisor's Signature:	Date: