



Millersville University

OFFICE OF INTERNATIONAL
PROGRAMS AND SERVICES

F-1 Students

CPT REQUEST FORM

This form is to be used for continuing Millersville University sponsored F-1 students (your DS-2019 must indicate Millersville University) to request Curricular Practical Training. You must meet with an Office of International Programs and Services Advisor to submit this request.

Please allow one week for processing.

| | | | |
|----------------------------|-----------|----------|-----------|
| First Name, Middle Initial | Last Name | M Number | Telephone |
|----------------------------|-----------|----------|-----------|

| | | |
|----------------------------|--|--|
| Date of Birth (mm/dd/yyyy) | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Type of CPT <input type="checkbox"/> Required <input type="checkbox"/> Optional |
|----------------------------|--|--|

Millersville Email _____

Level of Education: *This should reflect the information on your I-20. If your current level of education does not match the information on your I-20, please seek help in the Office of International Programs and Services as you may need a new I-20.*

| | |
|------------------------------|-----------------------|
| Field of Study (Major) _____ | Education Level _____ |
|------------------------------|-----------------------|

CHECKLIST OF REQUIRED DOCUMENTS

- Copy of the most recent I-94 Form
- Copy of your current I-20, pages 1 and 2
- Copy of current Employment Offer containing all required information
- Academic Advisor CPT/AT Request Form*

EMPLOYMENT INFORMATION

Employer Name: _____

Employer Address (worksite): _____

Job Title: _____

HOURS

Date of Employment:
Begin (mm/dd/yyyy) _____ End (mm/dd/yyyy) _____

- Full-time (more than 20 hrs. per week) Part-time (20 hrs. or less per week)

The CPT start date must be in the future. The end date cannot be later than the end date of your current semester. In addition, CPT authorization can only be processed term by term. If you need to edit the dates of approved CPT, please email the Office of International Programs and Services at international@millersville.edu.

I, the student, certify that I have read the CPT information available on the Office of International Programs and Services website and have met with an Office of International Programs and Services Advisor. I understand that I must have health insurance coverage for the duration of my F-1 status and that I must report address changes within 10 days of any change in my current (U.S.) or permanent (outside U.S.) address. I understand that I will not be eligible for an extension of my I-20 due to a delay caused by CPT employment.

Student's Signature

Date