



Millersville University  
WARFEL CENTER  
FOR INTERNATIONAL  
PROGRAMS & SERVICES

F-1 Students

## CPT REQUEST FORM

This form is to be used for continuing Millersville University sponsored F-1 students (your Form I-20 must indicate Millersville University) to request Curricular Practical Training. You must meet with a Warfel Center Advisor to submit this request.

**Please allow one week for processing.**

First Name, Middle Initial	Last Name	Student ID 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: <i>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 Warfel Center as you may need a new I-20.</i>			
Field of Study (Major)		Education Level	

### CHECKLIST OF REQUIRED DOCUMENTS WHICH MUST ACCOMPANY THIS FORM TO BE CONSIDERED

- ☐ 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: signed in **DocuSign** by Internship Coordinator (UG) or Academic Advisor (Grad)

### 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 Warfel Center for International Programs and Services at [international.services@millersville.edu](mailto:international.services@millersville.edu).

I, the student, certify that I have [read the CPT information available on the Warfel Center for International Programs and Services website](#) and have met with a Warfel Center 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 (Completed in DocuSign)

\_\_\_\_\_  
Date