



## CPT AUTHORIZATION FORM FIELDWORK/INTERNSHIPS

### CPT AUTHORIZATION FORM

**Fieldwork/Internship Coordinator or Department Staff:** Please submit the completed application to International Student Affairs (intaff@saic.edu) at least five business days before your fieldwork/internship start date. *For information regarding CPT eligibility, visit [saic.edu/international/employment](http://saic.edu/international/employment)*

### SECTION 1: TO BE COMPLETED BY STUDENT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SAIC ID#: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Degree Level: (Check one)      Undergraduate      Graduate

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_@saic.edu

### PLEASE READ AND CHECK EACH BOX

I understand that I may not begin working until I receive CPT authorization on my I-20 from International Student Affairs.

I understand that I may only work a total of 20 hours per week during the semesters and 40 hours per week during breaks. This means 20 or 40 hours per week between all jobs combined.

Do you currently have an on-campus job? ☐ Yes ☐ No

If yes, how many hours per week do you work at this job? \_\_\_\_\_ hrs/wk.

I have attached my registration statement as proof that I will receive course credit for this work.

I have not, previously, been authorized for over 12 months of full-time CPT.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 2: TO BE COMPLETED BY PLACEMENT COORDINATOR OR DEPT STAFF (NOT STUDENT)

Employing Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date (mm/dd/yyyy): \_\_\_\_\_ End Date (mm/dd/yyyy): \_\_\_\_\_

Average # of Hours/Week: \_\_\_\_\_

In order for a student to qualify for CPT, the experience must be an integral part of an established curriculum and demonstrably related to the student's field of study. Please indicate below what applies to this student:

Fieldwork/internship is an elective option in the program and the department has a specific course designated for this purpose.

- o Name and number of course taken for CPT Credit:\_\_\_\_\_
- Credit Hours:\_\_\_\_

☐ Fieldwork/internship is required of all students in this program in order to graduate.

- o Name and number of course taken for CPT Credit:\_\_\_\_\_
- Credit Hours:\_\_\_\_

☐ I have attached or typed below the description of how this CPT meets the student's academic objectives. (You may attach a letter to this form if you prefer)

Placement Coordinator/Department Staff: \_\_\_\_\_ Date: \_\_\_\_\_

(signature)

Printed Name:\_\_\_\_\_ Phone Number\_\_\_\_\_

SECTION 3: TO BE COMPLETED BY INTERNATIONAL STUDENT AFFAIRS

I-20 Program End Date: \_\_\_\_\_

ISA Advisor Signature:\_\_\_\_\_ Date:\_\_\_\_\_