

CURRICULAR PRACTICAL TRAINING (CPT) REQUEST FORM

Curricular Practical Training (CPT) is a type of employment authorization that allows paid employment for students who will receive academic credit either through enrollment in a course or as part of the Summer Cooperative Education Program.

To apply for CPT work authorization, please submit forms and supporting documents to CPTrequest@ucsd.edu.

PERSONAL INFORMATION

Last name: _____ First name: _____ PID Number: _____

EMPLOYMENT INFORMATION – PLEASE SELECT THE CPT TIME PERIOD OPTION(S) BELOW

Requested start date: _____ End date: _____ Number of hours per week: _____
(month/day/year) (month/day/year)

****Requested authorization dates and work hours must match dates on the job offer letter provided.**

Employer/Company Name: _____

Physical Work Location Name (if different from employer name): _____

Work Location Address (Street/City/State/Zip Code): _____

I will be working remotely from: _____

ACADEMIC INFORMATION

Major/Field of Study: _____

Level of study: Doctorate Master Bachelor

The proposed training must be an integral part of the established curriculum for the program of study.

*****Please note that if your Academic History does not indicate enrollment in a CPT qualified course or if you are a graduate student requesting CPT for summer without fulltime enrollment in the fall, your application will not be processed.*****

Select one of the following:

<input type="checkbox"/>	The student requesting training for the quarter will be taking unit credit for a quarter: Quarter/Year: _____ Course Name and Number: _____
REQUIRED: Please describe the main objectives of the employment and how it meets the requirements of the course or degree: _____ _____ _____	

<input type="checkbox"/>	The training is part of a Cooperative Education Program at UCSD (for graduate students, summer only) <i>Please include original copy of the Cooperative Education/Internship Agreement.</i>
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Faculty Advisor Name: _____

Faculty Advisor Signature: _____ Date: _____

Academic Department Advisor Name: _____

Academic Department Advisor Signature: _____ Date: _____

(Graduate students ONLY) Department Payroll Advisor Name: _____

Department Payroll Advisor Signature: _____ Date: _____