



MOUNT MARTY

UNIVERSITY

CPT Authorization Form

In order for an F-1 Visa student to be approved to participate in the CPT program, please complete this authorization form and provide to the DSO.

A new form must be completed and turned in every semester CPT authorization is being requested.

Name: _____

SEVIS ID: _____

Anticipated Graduation Date: _____

Current Semester: _____

Please initial next to the following statements

1. I have met with my advisor and I have secured an internship _____
2. I have provided the following documents along with this form _____
 - a. Proof of good academic standing _____
 - b. A copy of my schedule showing internship credit _____
 - c. A copy of the completed Internship form _____
3. I understand that CPT is granted on a semester by semester basis _____
4. I understand that if I am caught working more than 20 hours a week that my CPT approval will be withdrawn _____
5. I understand that any work completed after the approval dates listed on my I-20 are considered unauthorized work and will result in the termination of my I-20. _____
6. I understand that it is my responsibility to report any changes to my CPT internship to my DSO within 10 days of the change. _____

Signed: _____

Date: _____

DSO USE: I-20 updated: _____ CPT Begin : _____ CPT End: _____

DSO Signature: _____

Date: _____