Washington University in St. Louis

OFFICE FOR INTERNATIONAL STUDENTS
AND SCHOLARS

CPT APPLICATION FORM

This application must be completed and signed by the designated members of your department, and then submitted to the Office for International Student & Scholars (OISS). This application is subject to approval of OISS. You are not eligible to work until you have an updated I-20 that authorizes you for CPT work on page 2. Students must also submit a job offer letter or complete the Certification of CPT Position form with their CPT request in MyOISS. **Please allow up to 5 business days for OISS processing AFTER the CPT Authorization request is submitted in MyOISS.**

CPT authorization is valid only between the dates and for the employer indicated on the I-20. An extension of CPT must be initiated by the student before the current CPT period expires.

You must complete one academic year of full-time study before you are eligible to request CPT. Exceptions to this rule may exist if your program requires immediate participation. You must be enrolled for the corresponding CPT course as determined by your department. Students who use 12 months of full-time CPT are no longer eligible for Post-Completion OPT authorization. If you are planning to use CPT for more than 12 months, you should talk to your OISS Advisor about how it will affect your eligibility for Optional Practical Training.

TO BE COMPLETED BY THE STUDENT

Student Name _____ ID# _____ Date of Birth _____
First name   Last name

Student Signature _____ Date _____

_____ Number of Hours of Work per Week (the maximum, not the average, for any given week)

Beginning Date of Employment _____ / _____ / _____ Ending Date of Employment _____ / _____ / _____

Job Description (List of Duties) _____

_____

Employer Name and Address _____
Company, Business or Educational Institution

_____
Street Address   City   State   Zip Code

TO BE COMPLETED BY THE DEPARTMENT

Course Title _____ Course Number _____ # of Units _____

Semester/Term during which course will be taken ❏ Fall _____ ❏ Spring _____ ❏ Summer _____ ❏ Academic Year _____

How will this course will be evaluated (please explain)? _____

_____

How is this employment an integral part of this student's academic program (please explain)? _____

_____

Approver Name _____ Phone or E-Mail _____
First name   Last name

Approver Signature _____ Date _____

Approver Name #2 _____ Phone or E-Mail _____
First name   Last name

Approver Signature _____ Date _____

Approver Name #3 _____ Phone or E-Mail _____
First name   Last name

Approver Signature _____ Date _____