

SECTION ONE: TO BE COMPLETED BY STUDENT			
LAST NAME:		FIRST NAME:	
DATE OF BIRTH [MM/DD/YYYY]:	STUDENT ID#:	DAYTIME PHONE NUMBER:	
UCI EMAIL ADDRESS:		SEVIS ID #:	
INTERNSHIP AND EMPLOYER INFORMATION			
START DATE OF INTERNSHIP/TRAINING: MM/DD/YYYY: _____		END DATE: MM/DD/YYYY: _____	
JOB TITLE:		HOURS PER WEEK: <input type="checkbox"/> PART-TIME [20 HOURS PER WEEK] <input type="checkbox"/> FULL-TIME [OVER 20 HOURS – SUMMER BREAK ONLY]	
COMPANY/ EMPLOYER NAME:			
	PHONE NUMBER:		
	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
INTERNSHIP LOCATION [IF DIFFERENT FROM HIRING COMPANY ADDRESS ABOVE]:	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
INTERNSHIP SUPERVISOR'S NAME:	TITLE:		
INTERNSHIP SUPERVISOR'S PHONE NUMBER:		INTERNSHIP SUPERVISOR'S EMAIL:	
I HAVE READ THE REQUIREMENTS OF CPT AND CERTIFY THAT THE INTERNSHIP IS A REQUIREMENT FOR MY DEGREE OR A COURSE AS VERIFIED BY MY ACADEMIC DEPARTMENT.			
STUDENT'S SIGNATURE:			DATE:

SECTION TWO: ACADEMIC DEPARTMENT VERIFICATION AND RECOMMENDATION [NOT TO BE COMPLETED BY STUDENT]			
IMMIGRATION REGULATIONS REQUIRE THAT THE ACADEMIC DEPARTMENT/FACULTY SUPERVISING THE STUDENT'S INTERNSHIP VERIFY THAT THE STUDENT IS MAKING NORMATIVE PROGRESS IN THEIR DEGREE PROGRAM, AND PROVIDE VERIFICATION OF THE APPLICABILITY OF THE INTERNSHIP TO THE STUDENT'S ACADEMIC PROGRAM.			
STUDENT'S EXPECTED GRADUATION DATE [QUARTER/YEAR]:		STUDENT'S MAJOR:	
ADVISOR'S NAME:		ACADEMIC DEPARTMENT:	
ADVISOR'S PHONE:		ADVISOR'S EMAIL:	
COURSE NAME:		COURSE NUMBER:	
DESCRIBE HOW THE WORK EXPERIENCE IS RELATED TO THE STUDENT'S ACADEMIC PROGRAM:			
ADVISOR'S SIGNATURE:		DATE:	

ATTACH THE FOLLOWING:
<ol style="list-style-type: none"> PROOF OF ENROLLMENT IN COURSE CONCURRENT WITH/WITHIN THE START AND END DATES OF THE QUARTER **PLEASE NOTE CPT IS CONTINGENT UPON COURSE ENROLLMENT [ANY CHANGE/DROP FROM THE COURSE WILL CANCEL THE CPT BENEFIT]** PRINT OUT OF I-94 DOCUMENT COPY OF JOB OFFER LETTER <ul style="list-style-type: none"> LETTER MUST INCLUDE: JOB TITLE, JOB DESCRIPTION, LOCATION OF EMPLOYMENT, SPECIFY FULL/PART-TIME, DATES OF EMPLOYMENT, EMPLOYER'S SIGNATURE