CPT APPLICATION REQUIREMENTS:
- ☐ Proof of Enrollment in CPT/Internship Course
- ☐ CPT Letter

Letter Requirements: Addressed to You (the student), Company Letterhead, Job Title, Job Description, Address of Employment, Specify if Work is Part-Time/Full-Time, Exact Start/End Date of Employment, Employer's Signature

SECTION ONE: COMPLETED BY STUDENT	
LAST NAME:	FIRST NAME:
DATE OF BIRTH (MM/DD/YYYY):	STUDENT ID NUMBER:
UCI EMAIL ADDRESS:	SEVIS ID: N

INTERNSHIP AND EMPLOYER INFORMATION	
START DATE (MM/DD/YYYY):	END DATE (MM/DD/YYYY):
JOB TITLE:	HOURS PER WEEK: ☐ PART-TIME (20 HOURS OR LESS) ☐ FULL-TIME (OVER 20 HOURS – SUMMER BREAK ONLY)

COMPANY/EMPLOYER NAME:			
COMPANY/ EMPLOYER ADDRESS:	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
ADDRESS OF EMPLOYMENT LOCATION: (IF DIFFERENT FROM COMPANY ADDRESS ABOVE)	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
INTERNSHIP SUPERVISOR'S NAME:			
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 (MM/DD/YYYY):

SECTION TWO: ACADEMIC DEPARTMENT VERIFICATION AND RECOMMENDATION (NOT TO BE COMPLETED BY STUDENT)	

BY SIGNING BELOW YOU ARE VERIFYING THAT THE STUDENT IS MAKING NORMATIVE PROGRESS IN THEIR ACADEMIC PROGRAM, AND THE WORK EXPERIENCE IS DIRECTLY RELATED TO THE STUDENT'S DEGREE.

STUDENT'S EXPECTED GRADUATION DATE (QUARTER/YEAR):	STUDENT'S MAJOR/DEPARTMENT:
COURSE NAME/NUMBER:	ADVISOR'S/COUNSELOR'S NAME:
ADVISOR'S PHONE:	ADVISOR'S/COUNSELOR'S EMAIL:
ADVISOR'S/COUNSELOR'S SIGNATURE:	DATE (MM/DD/YYYY):
COMMENTS (OPTIONAL):	