



College of the Atlantic

Request to Designated School Official for CPT

Please submit this application form to the Coordinator of International Student Services so that we may update your SEVIS record to authorize CPT. For all dates, use the Month/Day/Year format.

Name: <i>(Family in CAPS)</i> <i>(First)</i> <i>(Middle)</i>		Date of birth:
Level of education sought: <i>(BA, MPhil, etc.)</i>		Student's major field of study:

I am applying for :

CPT ___ Full time: _____ Part time: _____

Describe the proposed employment for practical training:

Beginning date: _____ Ending date: _____

Employer Information (optional for post-completion OPT):

Name of Employer	Address of Employer
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List all periods of previously authorized employment for practical training (start and end-dates):

Curricular Practical Training	Optional Practical Training

Signature of Student _____ Date: _____

Attached Documentation:

Approved Internship Proposal ___ Letter offering employment ___ Support letter from Advisor ___