



# CURRICULAR PRACTICAL TRAINING REQUEST FORM

Office of International Affairs  
University of California, Merced  
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The Department of Homeland Security federal regulations permit F-1 visa students to participate in Curricular Practical Training (CPT) that is an "integral part of an established curriculum". The employment or research off-campus must be directly related to the student's degree program.

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## SECTION A. STUDENT INFORMATION

**Student First Name:**

**Student Last Name:**

**Email Address:**

**Street Address:**

**Phone Number:**

**Level of Study:** Bachelor's Master's PhD

**Major/Department:**

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## SECTION B: EMPLOYER INFORMATION

**Employer Name:**

**Employer Address:**

**Employer Phone Number:**

**Employment Start Date:**

**Employment End Date:**

## SECTION C: CPT INFORMATION

### Type of CPT

Part-Time (Less than 20 hours per week)

Full-time (20 or more hours per week)

### CPT Justification

**(Proof of course registration must be submitted with this form)**

This internship/research fulfills a degree requirement that is listed in the catalog for the student's degree program

This is not a degree requirement. The student will be receiving course credit in their degree program

**Description of research or employment. This requires 2-3 sentences on how this research/employment relates to your degree program**

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## THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS REQUEST FORM:

Proof of Course Registration: Print your class schedule for the semester in which you are requesting CPT

Job Offer Letter: The letter should be on company letterhead including the company name, address, student's job title, job description, dates of employment with the semester, number of hours per week, supervisor's name and contact information

**STUDENT SIGNATURE : You certify the information provided on this form is true and correct**

Student Signature:

Date:

**ACADEMIC/FACULTY ADVISOR'S SIGNATURE APPROVAL: You certify the CPT participation is directly related and integral to the student's degree program**

Academic/Faulty Advisor's  
Name:

Academic/Faulty Advisor's  
Signature:

Date: