OFFICE OF GLOBAL ENGAGEMENT

UNC PEMBROKE

Curricular Practical Training (CPT) Application

STUDENT SECTION: *Completed by student.* **PRINT** your information below. This information will be used to update your SEVIS record and must be accurate. If we are not able to read your information your information cannot be updated in SEVIS. **Make sure to provide a copy of the employment letter.**

LAST Name: _____ First Name: _____

Banner ID: _____ Major/Program: _____

Degree Level: _____ Estimated Date of Program Completion: _____

CPT Start Date: _____ CPT End Date:_____

Name of Employer: _____ Hours per week:_____

_____

City   State   Zip

Job Title: _____ Name of Supervisor: _____

Email: _____ Phone: _____

_____   _____

 Student Signature   Date

ACADEMIC ADVISOR SECTION: *Completed by Academic Advisor*

Name: _____ Signature _____ Date _____
Email: _____@uncp.edu Phone _____
Please describe: The goals and objectives of the CPT
_____
_____
_____

How this CPT relates directly to the student's field of study
_____
_____
_____

Why this training is an integral or critical part of the student's academic program
_____
_____
_____