



**CURRICULAR PRACTICAL TRAINING (CPT)
Employer Verification of Employment Offer**

STUDENT INFORMATION

Student Name: _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

EMPLOYER INFORMATION

Name of Business: _____

Address _____ City _____ Zip Code _____

Business Phone _____ Business Email _____

Employer ID Number (EIN #): _____

Supervisor Name: _____

Date Employment Offered: _____

Dates of Employment (**Limited to Term Dates**): From _____ to _____

Hours to be Worked per Week: _____

Job Title: _____

Job Tasks: _____

I verify that the job to be performed by the student above is related to his/her major field of study and is appropriation to meet the requirements of his/her degree in _____.

Supervisor Signature: _____ Date: _____

Student Signature*: _____ Date: _____

**Please note that an electronic signature is only valid when using an Antioch email account.*

Student cannot begin work until authorization by PDSO or DSO is noted on new I-20.