



University of East-West Medicine

CPT Request Form

Submit this form to the Admissions Office

Last Name: _____ First Name: _____

Student ID: _____ Program: _____ Contact Number: _____

Email: _____

Are you currently on CPT: Yes No If yes, End date _____

Are you currently enrolled in classes? Yes No

Have you already cleared your fees? Yes No

Are you currently on break Yes No If yes, have you completed the Break Request Form? Yes No

I am applying for: 20 hours/week CPT 40 hours/week CPT

BEGINNING DATE OF CPT: _____ DATE I-20 WILL BE PICKED UP: _____

END DATE OF CPT: _____ This date can be no later than the last day of finals of the current term.

Employer's Name: _____

Employer's Address: _____

Pick up in person

Mail to the following address: _____

Overnight Shipping \$20 Regular Domestic Mail Regular International Mail \$70

I am aware that

1. It is my responsibility to find a job near the University so that I may continue to take my classes.
2. I need to submit the completed form to UEWM Admissions Office.
3. The request will be processed in five business days.
4. If I take an accumulated 11 months CPT as full time, I will not be qualified to apply for OPT after graduation.

STUDENT SIGNATURE: _____ DATE: _____

Please attach an offer letter from your company with a detailed job description to this form. Without an offer letter the University cannot grant you a CPT.