

SECTION ONE: TO BE COMPLETED BY STUDENT			
LAST NAME:		FIRST NAME:	
DATE OF BIRTH [MM/DD/YYYY]:	STUDENT ID#:	DAYTIME PHONE NUMBER:	
UCI EMAIL ADDRESS:			
INTERNSHIP AND EMPLOYER INFORMATION			
WHAT ARE YOU APPLYING FOR?		<input type="checkbox"/> CPT <input type="checkbox"/> CPT EXTENSION [LIST DATES OF EXTENSION BELOW]	
START DATE OF INTERNSHIP/TRAINING: MM/DD/YYYY: _____		END DATE: MM/DD/YYYY: _____	
JOB TITLE:		HOURS PER WEEK: <input type="checkbox"/> PART-TIME [20 HOURS PER WEEK] <input type="checkbox"/> FULL-TIME [OVER 20 HOURS – SUMMER AND BREAKS ONLY]	
COMPANY/ EMPLOYER NAME:			
	PHONE NUMBER:		
	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
INTERNSHIP LOCATION [IF DIFFERENT FROM HIRING COMPANY ADDRESS ABOVE]:	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
INTERNSHIP SUPERVISOR'S NAME:	TITLE:		
INTERNSHIP SUPERVISOR'S PHONE NUMBER:	INTERNSHIP SUPERVISOR'S EMAIL:		
I HAVE READ THE REQUIREMENTS OF CPT AND CERTIFY THAT THE INTERNSHIP IS A REQUIREMENT FOR MY DEGREE OR A COURSE AS VERIFIED BY MY ACADEMIC DEPARTMENT.			
STUDENT'S SIGNATURE:			DATE:

SECTION TWO: ACADEMIC DEPARTMENT VERIFICATION AND RECOMMENDATION [NOT TO BE COMPLETED BY STUDENT]			
IMMIGRATION REGULATIONS REQUIRE THAT THE ACADEMIC DEPARTMENT/FACULTY SUPERVISING THE STUDENT'S INTERNSHIP VERIFY THE APPLICABILITY OF THE INTERNSHIP TO THE STUDENT'S ACADEMIC PROGRAM.			
STUDENT'S EXPECTED GRADUATION DATE [QUARTER/YEAR]:		STUDENT'S MAJOR:	
ADVISOR'S NAME:		ACADEMIC DEPARTMENT:	
ADVISOR'S PHONE:		ADVISOR'S EMAIL:	
COURSE NAME:		COURSE NUMBER:	
DESCRIBE HOW THE WORK EXPERIENCE IS RELATED TO THE STUDENT'S ACADEMIC PROGRAM:			
ADVISOR'S SIGNATURE:		DATE:	

ATTACH THE FOLLOWING:	
1. PROOF OF ENROLLMENT IN COURSE; OR PROOF OF ENROLLMENT FOR NEXT POSSIBLE QUARTER [FOR CPT EXTENSION ONLY] **PLEASE NOTE CPT IS CONTINGENT UPON COURSE ENROLLMENT [ANY CHANGE/DROP FROM THE COURSE WILL CANCEL THE CPT BENEFIT]**	
2. PHOTOCOPY OF I-94 CARD [FRONT AND BACK]	
3. COPY OF JOB OFFER LETTER	
<ul style="list-style-type: none"> LETTER MUST INCLUDE: DATES OF EMPLOYMENT, NUMBERS OF HOURS PER WEEK, WAGE, EMPLOYER'S SIGNATURE, AND WORKSITE ADDRESS. 	