

Request for Curricular Practical Training (CPT)

| CPT Checklist: □CPT Seminar or Online Module □CPT application □Job offer letter □Evidence of curricular component | | | | |
|---|--|--|--|--|
| PART ONE: Student Request for CPT | | | | |
| Name:Xiangwen Liu UALR T Number: T00610264 Physical Address: 1701 Westpark Dr. apt 160, Little Rock, AR, 72204 | | | | |
| | | | | |
| Major Area of Study: Computer Science Expected Graduation Date: May/14/2020 | | | | |
| Classification: ☐Undergraduate ☐Masters ☑Doctorate Do you have an SSN? ☑Yes ☐NO | | | | |
| Previous Practical Training Authorization Have you previously had practical training? ☐ No ☑ Yes. If yes, what are the dates of your authorization? ☐ Dates of previous OPT | | | | |
| ☐ Dates of previous part-time CPT Dec 14, 2016 May 13, 2017 | | | | |
| ☐ Dates of previous full-time CPT | | | | |
| Current Employment Type of current employment? No employment CPT Graduate Assistantship*(complete part three) On campus hourly UALR Works Other: Hours per week: 20 Employment end date: May 31, 2018 | | | | |
| Request for CPT Employer Name (according to E-Verify, if applicable): National Center for Toxicological Research | | | | |
| Employer Address: 3900 NCTR Road, Jefferson, AR | | | | |
| Requested start date: June 1, 2018 Requested end date: Aug 19, 2018 Proposed number of hours per week: 40 | | | | |
| Statement of Understanding I have completed a CPT seminar or online module. I certify that the information in this application is complete and correct to the best of my knowledge. I understand that it is my responsibility to register for Cooperative Education or receive credit for the work opportunity. I am aware that once I have completed all semester hours required for my degree, I am no longer eligible for CPT, and I attest that I will prioritize coursework over practical training and I have not/will not take any actions to delay my academic program to prolong Curricular Practical Training. I will only work during the dates of authorization for the company of authorization. | | | | |
| Xiangwen Lin 05/17/2018 | | | | |
| Student Signature Date | | | | |
| Request for Curricular Practical Training (CPT) | | | | |
| requestion sufficient flating (of 1) | | | | |



PART TWO: Academic Advisor Support for CPT The Academic Advisor in this section refers to the faculty or staff me

| requirements. Gra otherwise, the gra | iduate students having a proje | ect/thesis/dissertation advisor is the academic advisor. For in | should have the | advisor sign off as the academic advisor; Curricular Practical Training visit | |
|--|---|--|-----------------------|---|--|
| _ | Xiangwen Liu | | dvisor name: | Xiaowei Xu | |
| Is the student cu | urrently making satisfactory | academic progress towar | d earning degre | ee? ☑□Yes □□No | |
| Practical training employer name: NCTR (National Center for Toxilogical Research) | | | | | |
| | ademic necessity for the ne of the following: | period of Curricular Prac | tical Training? | | |
| ☐ The student is enrolled in a course that requires work experience . Attach course description, course objective, or syllabus verifying academic necessity for practical training established by the course. Course name and number: | | | | | |
| | work experience is <i>require</i> R General Catalog or othe | | | s demonstrated by publication in a ntation of this requirement. | |
| colle | | norization. Student is enro | lled in a researd | nt's thesis or dissertation will be ch or dissertation credit hour. | |
| The | CPT will be needed for get | ting access data and softw | are from NCTR | . The project is part of dissertation | |
| □ Ther | e is no curricular need for | the work experience. Reco | mmending stud | lent for optional practical training. | |
| | | · | _ | semester, as requested on in Part | |
| Hours per weel | k required to fulfill curric | ular requirement: | to 20 hours per | week ☑□Over 20 hours per week | |
| | , how will full-time CPT end e is required for processing | | | | |
| Academic adviso | or name: Xiaowei Xu | | Signature/date | : | |
| | linator name*: | | Signature/date: | | |
| Dean or Dept Chair name: | | | Signature/date: | | |
| | Student Advisor De | | | | |
| hosting the academic p | ed CPT application will be emailed be program and the Department of Hum | | , Graduate Coordinate | or (if applicable), the Associate Dean of the college | |
| Notes: | | | | | |
| International Stu | udent Advisor: | | Da | nte: | |



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| Complete this section only if student has a Gradu | ate Assistantship. |
|--|--|
| Student Name: Xiangwen Liu | UALR T Number: _ T00610264 |
| The student is funded by: Research Grant G Type of GA: Part-Time (10 Hou | |
| If funded by Research Grant: | |
| Student's appointment will be termina | ted on(last date of employment) |
| ☐ Student's appointment will be suspen | ded during term of internship |
| Student's appointment will naturally so | unset and will not affect CPT |
| Student's CPT will be part-time (20 ho | ours or less). Therefore, student will maintain CPT and GA concurrently |
| Name of Principal Investigator | Signature Date |
| If funded by University GA: | |
| ✓ Student's appointment will be termina | ted onMay 31, 2018 (last date of employment) |
| ☐ Student's appointment will be suspend | ded during term of internship |
| Student's appointment will naturally so | unset and will not affect CPT |
| Student's CPT will be part-time (20 ho | ours or less). Therefore, student will maintain CPT and GA concurrently |
| Name of Associate Dean of Colle | ege Hosting Academic Program Signature Date |
| | mbined with outside employment. If approved for CPT, this form will assources to rescind on-campus work authorization. |
| Xiangwen Lin | 05/17/2018 |
| Student Signature | Date |