

**CPT APPLICATION REQUIREMENTS:**

- ☐ Proof of Enrollment in CPT/Internship Course  
☐ CPT Letter

*Letter Requirements:* Addressed to You (the student), Company Letterhead, Job Title, Job Description, Address of Employment, Specify if Work is Part-Time/Full-Time, Exact Start/End Date of Employment, Employer's Signature

<b>SECTION ONE: COMPLETED BY STUDENT</b>			
LAST NAME:		FIRST NAME:	
DATE OF BIRTH (MM/DD/YYYY):		STUDENT ID NUMBER:	
UCI EMAIL ADDRESS:		SEVIS ID: N	
<b>INTERNSHIP AND EMPLOYER INFORMATION</b>			
START DATE (MM/DD/YYYY):		END DATE (MM/DD/YYYY):	
JOB TITLE:		HOURS PER WEEK: <input type="checkbox"/> PART-TIME (20 HOURS OR LESS) <input type="checkbox"/> FULL-TIME (OVER 20 HOURS – SUMMER BREAK ONLY)	
COMPANY/EMPLOYER NAME:			
COMPANY/ EMPLOYER ADDRESS:	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
ADDRESS OF EMPLOYMENT LOCATION: (IF DIFFERENT FROM COMPANY ADDRESS ABOVE)	STREET ADDRESS:		
	CITY:	STATE:	ZIP CODE:
INTERNSHIP SUPERVISOR'S NAME:			
INTERNSHIP SUPERVISOR'S PHONE NUMBER:		INTERNSHIP SUPERVISOR'S EMAIL:	
<b>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.</b>			
STUDENT'S SIGNATURE:		DATE (MM/DD/YYYY):	

<b>SECTION TWO: ACADEMIC DEPARTMENT VERIFICATION AND RECOMMENDATION (NOT TO BE COMPLETED BY STUDENT)</b>	
<b>BY SIGNING BELOW YOU ARE VERIFYING THAT THE STUDENT IS MAKING NORMATIVE PROGRESS IN THEIR ACADEMIC PROGRAM, AND THE WORK EXPERIENCE IS DIRECTLY RELATED TO THE STUDENT'S DEGREE.</b>	
STUDENT'S EXPECTED GRADUATION DATE (QUARTER/YEAR):	STUDENT'S MAJOR/DEPARTMENT:
COURSE NAME/NUMBER:	ADVISOR'S/COUNSELOR'S NAME:
ADVISOR'S PHONE:	ADVISOR'S/COUNSELOR'S EMAIL:
ADVISOR'S/COUNSELOR'S SIGNATURE:	DATE (MM/DD/YYYY):
COMMENTS (OPTIONAL):	