

Today's Date:	<input type="text"/>		
Family/Last Name:	<input type="text"/>	First Name:	<input type="text"/>
USC ID Number:	<input type="text"/>	SEVIS Number:	<b>N00</b> <input type="text"/>
First Semester at USC:	<input type="text"/>	Date of Birth:	<input type="text"/>
Telephone Number:	<input type="text"/>	Degree Objective:	<input type="checkbox"/> Bach <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/> Other: <input type="text"/>
Field of Study:	<input type="text"/>	Current Status:	<input type="checkbox"/> F-1 <input type="checkbox"/> J-1 <input type="checkbox"/> Other: <input type="text"/>
Expected Graduation:	<input type="text"/>	Email Address:	<input type="text"/>
Local U.S. Address:	<input type="text"/>		

- ☐ Complete application form (all items must be filled in)
- ☐ Academic Advisor's signature on Advisor Form (see reverse)
- ☐ Register for internship course
- ☐ Submit Reduced Course Load (RCL) form if enrolled in less than:
  - ◇ Doctoral 6 units; Master's 8 units; Undergraduate 12 units
  - ◇ RCL not required for summer semester

☐ I need a letter for my Social Security Number (SSN) application—only for students who do not have a SSN

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

street	city	state	zip code
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Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_ Numbers of hours per week: \_\_\_\_\_

List **ALL** periods of previously authorized CPT– use separate sheet of paper if necessary and include if CPT was part-time or full-time.

From: To: ☐ Part-time ☐ Full-time

From: To: ☐ Part-time ☐ Full-time

Will you have an RA/TA/on-campus job during the semester you are applying for CPT? ☐ Yes ☐ No

If yes, how many hours per week will you work on campus? \_\_\_\_\_ hours

**Curricular Practical Training (CPT) Advisor Form**

Curricular Practical Training (CPT) is work authorization for off-campus employment in the student's field of study which is a required part of curriculum. The following form must be completed and signed by an academic advisor in order to be authorized for CPT.

This form verifies that \_\_\_\_\_ is  
*Name of Student:*                      last                      first                      other

a(n) \_\_\_\_\_ student in the \_\_\_\_\_ program in  
undergraduate/graduate                      (B.S./M.S./Ph.D. etc)

\_\_\_\_\_  
field of study

The student intends to pursue practical training which is required for the degree in that:

- ☐ the student will participate in an internship program which is a degree requirement for the following academic program (select one):
- ☐ Cinematic Arts: Peter Stark Program
  - ☐ Keck: Physical Therapy
  - ☐ Price: Urban and Regional Planning
  - ☐ Price: Health Administration
  - ☐ Price: Public Administration
  - ☐ Ostrow: Advanced Pediatric Dentistry

- ☐ the student is registered in the following internship course \_\_\_\_\_ and is required to work off-campus to fulfill course requirements.

At the location of: \_\_\_\_\_  
Name of Company

Comments: \_\_\_\_\_



Academic Advisor / Internship Coordinator  
Signature

Academic Advisor / Internship Coordinator  
Name (please print)

Ext.                      Date