

# Employment Confirmation


F-1 Curricular Practical Training (CPT) Employment Authorization

| Part C: To be completed by the CPT EMPLOYER   |  |                     |
|---|--|---------------------|
| WSU Student's Last Name:  |  | First Name          |
| Employer Name   |  |                     |
| Employer Address  |  |                     |
| Duration of Employment (both start and end dates required)<br>From: _____ To: _____ |  | # of Hours per Week |
| Student's Employment Location (if different from the employer address above)        |  |                     |
| Brief Job/Project Description:  |  |                     |
| Supervisor's Name   |  | Phone               |
| Signature   |  | Date                |
| E-mail  |  |                     |

Employer: Please return the completed form to the student or WSU Global Services. If you have any questions, please contact a F-1 student advisor.

Global Services  
Washington State University  
P.O. Box 645110  
Pullman, WA 99164-5110

Phone: (509) 335-4508  
Fax: (509) 335-2373  
E-mail: [globalservices@wsu.edu](mailto:globalservices@wsu.edu)

| For Internal Use  | Global Services Advisor |
|---|-------------------------|
|  SEVIS authorization on _____<br><input type="checkbox"/> full-time / Part-time<br><input type="checkbox"/> Database |                         |