CPT AUTHORIZATION FORM
UNDERGRADUATE FIELDWORK/INTERNSHIPS

CPT AUTHORIZATION FORM
Undegraduate Fieldwork/Internship Coordinator or Department Staff: Please submit the completed application to International Affairs (IA) in person at least five business days before your CPT start date. For information regarding CPT eligibility, visit saic.edu/international/employment

SECTION 1: TO BE COMPLETED BY STUDENT

First Name: ___________________________________________ Last Name: __________________________________________
SAIC ID#: _____________________________________________ Degree Program: ___________________________________
Degree Level: (Check one)              Undergraduate                 Graduate
Telephone #: _________________________________________ Email Address: _____________________________@saic.edu

PLEASE READ AND CHECK EACH BOX

☐ I understand that I may not begin working until I receive CPT authorization on my I-20 from International Affairs.
☐ I understand that I may only work a total of 20 hours per week during the semesters and 40 hours per week during breaks. This means 20 or 40 hours per week between all jobs combined.
  > Do you currently have an on-campus job? ☐ Yes ☐ No
  > If yes, how many hours per week do you work at this job? ____________ hrs/wk.
☐ I have attached my registration statement as proof that I will receive course credit for this work.
☐ I have not, previously, been authorized for over 12 months of full-time CPT.

Student Signature:____________________________________________________________ Date: ________________________

SECTION 2: TO BE COMPLETED BY PLACEMENT COORDINATOR OR DEPT STAFF (NOT STUDENT)

Employing Organization: ____________________________________________________________________________________
Street Address: _____________________________________________________________________________________________
City: ________________________________________________________ State: __________ Zip Code: ____________________
Start Date (mm/dd/yyyy): ____________________________  End Date (mm/dd/yyyy): _____________________________
Average # of Hours/Week: ____________________________________________

CPT AUTHORIZATION FORM
Employing Organization: ____________________________  End Date (mm/dd/yyyy): _____________________________

INTERNATIONAL AFFAIRS 36 S. Wabash Avenue, Suite 1203 Chicago IL, 60603 USA
TEL: +1.312.629.6830 FAX: +1.312.629.6831 E-MAIL: intaff@saic.edu
5/2015 JW
In order for a student to qualify for CPT, the experience must be an integral part of an established curriculum and demonstrably related to the student’s field of study. Please indicate below what applies to this student:

☐ Fieldwork/internship is an elective option in the program and the department has a specific course designated for this purpose.
   Name and number of course taken for CPT Credit:___________________________________________________
   Credit Hours:___________

☐ Fieldwork/internship is required of all students in this program in order to graduate.
   Name and number of course taken for CPT Credit:___________________________________________________
   Credit Hours:___________

☐ I have attached or typed below the description of how this CPT meets the student’s academic objectives. (You may attach a letter to this form if you prefer)

   (signature)

Placement Coordinator/Department Staff: ________________________________________________Date: ____________

Printed Name:________________________________________________________________ Phone Number_______________

SECTION 3: TO BE COMPLETED BY INTERNATIONAL AFFAIRS

I-20 Program End Date: ________________________________________________________________

IA Advisor Signature: ________________________________________________Date: ____________