

## CPT (Internship) Authorization

You must submit this completed form along with your required documentation at your CPT/Internship appointment with the Designated School Official (DSO).

You may not begin working in any capacity until you have been approved for CPT and received your I-20 endorsement. You will be in violation of your F-1 status without the proper endorsement.

SECTION I—TO BE COMPLETED BY STUDENT (please	PRINT legib	oly all infor	mation r	equ	ested):	
TODAY'S DATE:	-					
LAST/FAMILY NAME:	FIRST NAME:					
MAJOR:	_ DEGREE	Æ:		BACHELORS MASTERS		
SECTION II—TO BE COMPLETED BY INTERNSHIP CO	ORDINATO	R:				
Is the internship required for the student's major?			□ YES		□ NO	
Has the internship been approved?			□ YES		□ NO	
INTERNSHIP COORDINATOR SIGNATURE		DATE	<u> </u>			
SECTION III—TO BE COMPLETED BY REGISTRAR'S	OFFICE:					
Is the student registered for an internship class?			□ YES		□ NO	
State the term the student has registered for the interns	hip class?	□ FALL	□ SPR	ING	□ SUMMER	
REGISTRAR'S OFFICE SIGNATURE	-	DATE				
SECTION IV—TO BE COMPLETED BY BUSINESS OFF	ICE:					
Has the student paid for the internship class?			□ YES	3	□ NO	
BUSINESS OFFICE SIGNATURE	-	DATE	<u> </u>			
SECTION V—DSO APPROVAL  CPT REQUEST STATUS:  APPROVED  DENIED			IF APPROVED: DATE SEVIS RECORD UPDATED AND NEW I-20 ISSUED:			
DSO SIGNATUDE:						