

**F-1 CURRICULAR PRACTICAL TRAINING (CPT) WORKSHEET**

(Please note that all fields in this form must be completed)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

MIT ID #: \_\_\_\_\_ SEVIS ID #: N . . . . .

E-MAIL: \_\_\_\_\_

Degree Level: \_\_\_\_\_ Major field of study: \_\_\_\_\_

I-20 form Start Date *(section 5)*: \_\_\_\_\_ I-20 form End Date: *(section 5)*: \_\_\_\_\_

For Ph.D. Students Only: Are you currently in non-resident status? Yes ___ No ___ Will you be in non-resident status during the semester following CPT? Yes ___ No ___
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CPT start date: \_\_\_\_\_ CPT end date: \_\_\_\_\_ Number of CPT course: \_\_\_\_\_

Name of CPT course: \_\_\_\_\_ Number of credits for CPT course: \_\_\_\_\_

Semester when you register for CPT course: \_\_\_\_\_

Semester when credits will be granted for CPT course: \_\_\_\_\_

Name of the faculty member who will evaluate CPT and grant credit:  
\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of employer where you will perform CPT  
(street number and name, city, state, zip code)  
\_\_\_\_\_  
\_\_\_\_\_

Part-time work (20hrs/week)

Full-time work

I have read the ISO informational and procedural handout for Curricular Practical Training.  
I understand that I must receive written authorization on a new I-20 form from an ISO Advisor  
before my CPT begins.

I understand that I have to be registered for a CPT course and receive at least one unit of  
academic credit.

I understand that for summer CPT, I have to be registered for a CPT course and receive at least  
one unit of academic credit either in the summer or in the immediate fall term.

Signature

Date