



## Summer Curricular Practical Training (CPT) Request Form for F 1 VISA Holders

### Part I: Directions

Fill out Parts II - IV of the Request Form and sign the Student Attestation section.

Once you've completed all the necessary fields in the form, send it electronically to your employer for their review and signature. Your employer must sign and return the completed form to you.

After you have received the form from your employer, submit it electronically to Bowdoin's Designated School Official (DSO), Dean Khoa Khuong [Khuong@bowdoin.edu](mailto:Khuong@bowdoin.edu) no earlier than 2 months before, and no later than 2 weeks before the start date. If the form is properly completed and clearly and substantively explains how the internship program relates to completed courses within your declared major(s), CXD Senior Associate Director, Meg Springer, and Dean Khuong will sign and approve.

If the DSO approves the request, a new (required) I-20 will be generated for you within five business days.

## Part IV: Curricular Relation Description

List the completed course or courses to which this ~~Employment~~ ~~Program~~ directly relates (you must list at least one course). Provide department name, course number and title, and instructor name, and date(s) of course.

The purpose of CPT is to provide ~~direct~~ experiential learning which is an integral part of the curriculum in a student's major field of study. Please provide a clear, concise description of how ~~the~~ ~~Program~~ is directly related to your major, and specific ways it will ~~provide~~ ~~training~~ relevant to the above course(s).

## Part V: Student Attestation:

The information I have provided is true and correct. I understand that the information I am providing in this Request Form will be used as a basis for employment or an internship authorization.

I understand and I agree that I am not authorized to start work until all required signatures have been obtained and the DSO endorses CPT and provides me a new form certifying the CPT.

I agree to honor all restrictions on my CPT endorsement, and I will work the specific dates for this employer only, and I will engage only in the work activity described in this Request Form.

If my employment changes in any way, I understand that I must notify the DSO immediately.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To the Employer:

Please describe how you will provide the necessary oversight and assessment of their learning objectives.

Review and Endorsement by the Employer/Internship

First Name:

Last Name:

Title:

Phone Number:

Email Address

Electronic Signature:

Date:

Review and Endorsement by ~~Desi~~ Donee

Electronic Signature:

Date:

Review and Endorsement by Khoa Khuong, PDSO

Electronic Signature:

Date: