

This form is to be used by continuing U-M students to request Curricular Practical Training (CPT) authorization on their I-20.

**Submit this request at the Front Desk of the International Center.**

LAST NAME		FIRST NAME		UMID #
UNIQUAME	CURRENT DEGREE LEVEL	TELEPHONE	SEVIS ID # N	
PRIMARY MAJOR		SECONDARY MAJOR		
DELIVERY METHOD <input type="checkbox"/> PICK-UP (If someone else will pick up for you, his/her name is: _____) <input type="checkbox"/> SHIP (See " <a href="#">SHIPPING OPTIONS</a> ") : <input type="checkbox"/> eShip Global <input type="checkbox"/> U.S. Mail (not recommended)				

OFFICIAL EMPLOYER/COMPANY NAME		EMPLOYMENT START DATE	EMPLOYMENT END DATE
HOURS PER WEEK <input type="checkbox"/> More than 20 <input type="checkbox"/> 20 or less	CPT TYPE <input type="checkbox"/> Optional <input type="checkbox"/> Required	JOB TITLE	
EMPLOYER/COMPANY ADDRESS			
ADDRESS WHERE WORK WILL TAKE PLACE IF DIFFERENT THAN ABOVE			

**Checklist of required documents.**

- CPT Online Workshop Completion Email
- Detailed Training Description from your company/employer
- Completed [Academic Advisor Recommendation](#) form
- PhD candidates: recommendation letter
- Unofficial transcript printed from [Wolverine Access](#) showing CPT course enrollment
- Photocopy of current I-20 (not including instruction page)
- Print-out of electronic Most Recent [I-94](#) or copy of paper I-94

- I am the person who completed the CPT Online Workshop
- I will request an extension of my current CPT or submit a new CPT request if I need additional work authorization
- I understand I must update my current and permanent address in Wolverine Access within 10 days of any change
- I must maintain health insurance coverage for myself and my dependents unless I have received a waiver
- I understand that no work may take place until the CPT I-20 is printed

Signature \_\_\_\_\_ Date \_\_\_\_\_