



Office of International Programs and Exchange (OIPE)
Office of the Provost and Vice President for Academic Affairs

CURRICULAR PRACTICAL TRAINING (CPT) APPLICATION

(This form replaces U.S. Department of Justice Form I-538)

SECTION A This section must be completed by the student.

(Please print or type clearly).

Name: Last First Middle	Date of Birth _____ (mm/dd/yyyy)
Name of Company/Organization: _____	Office Use Only: Approved: _____ FT/PT: _____ ISO Initials: _____
Address: _____ Street City/State Zip Code	
Level of Education: SOPH JR SR GR (Circle One)	
Beginning Date of CPT: _____ Ending Date: _____	
Student Signature: _____ E-Mail Address _____ Telephone _____	

* Your employer letter must accompany this form.

SECTION B This section must be completed by your academic advisor.

I, _____ (Academic Advisor), certify that this employment practical training/internship is a required and integral part of the educational experience of the above named student within his/her program of study.

Signature of Academic Advisor: _____

Date: _____

SECTION C This section must be completed by a designated school official (DSO/PDSO) of the school the students is attending.

The student named above is expected date of completion is: _____

Name and title of DSO/PDSO: _____

Signature of DSO/PDSO: _____

Date: _____

Please submit to tjones@udc.edu