1. US Address

- a. Fill out your residential address
- b. Certify the provided information is accurate
- c. When you hit submit, the application will automatically take you to the next form, or you can select Main Page for E-Form Group if you do not wish to submit the form.

CPT Authorization Request - US Address

MAIN PAGE FOR E-FORM GROUP

(*) Information Required

1. Please enter your current US residential address.

Click this Change of Personal Information link to update your U.S. address in SEVIS.

US Residential Address Street Line 1* 1 University Dr Street Line 2 City* Angola State* Indiana V Zip/Postal Code* 46703

I certify that the above information is accurate *

Submit

2. Employment Information

a. If you have a currently active Trine I20, you will be asked why you are applying. Choose the correct option from the drop-down menu.

CPT Authorization Request - Employment Information

| MAIN PAGE FOR E-FO | ORM GROUP | | |
|---|----------------------------------|-------------------------------|------------|
| (*) Information Requi | ired | | |
| For more information | ı about CPT, please visit the CF | Ч <mark>webpage</mark> . | |
| Student Informat | ion | | |
| Do you currently have | e an ACTIVE Trine I-20?* | | |
| Yes | ⊖ No | | |
| Why are you submitting | a new CPT application?* | | |
| | | | ~ |
| Employment Info | rmation | | |
| Do you currently have | e an SSN number? | | |
| Yes | ⊖ No | _ N/A | |
| Official Employer/Compa | any Name* | | |
| Full Legal Company | name, including LLC. or Inc. if | applicable | |
| Job Title* | | | |
| Job title as written o | n offer or verification letter | | |
| Will this be a full time week) employment?* | (more than 20 hours per wee | k) or a part time (20 hours o | r less per |
| Full Time | O Part Time | | |

| CPT start date can't be backdated; the e program start date (please check our o r | arliest CPT start date cannot be before the ientation webpage). | |
|---|---|---|
| Employment Start Date* Image: 07/01/2024 | Start date must be aft date. This is the date you started working for | er your application submission written on your I20, not the day or the company. |
| End date: CPT authorization cannot be i Employment End Date* | ssued for more than a year. nd date cannot be more than 1 year om the requested start date. | |
| Street address | | |
| Street Line 2 Suite or building number (If Applicable |) | |
| City* City | | |
| State* | | • |
| Postal/Zip Code* | | |
| 99999 | | |

This should be your company's office address. If you are working remote or from a different address, select YES to the following question and input your physical work address. We need both addresses to process your CPT correctly.

3. Job Documentation

- a. Upload your job offer letter OR job verification letter
- b. If you say your job offer does not include your job description, extra areas will populate for you to upload additional files.

CPT Authorization Request - Employment Documentation

MAIN PAGE | CPT Authorization Request

(*) Information Required

Please use this form to upload the documentation that you have for your CPT request.

Does your job offer letter include a job description?*



Submit

Will you be working at a different address other than the one listed above?

You must identify the address in which you will be physically working, including remote job opportunities.*

| Yes | ○ No |
|------------------|------|
| Street Line 1* | |
| | |
| Street Line 2 | |
| | |
| City* | |
| | |
| State* | |
| | ~ |
| Postal/Zip Code* | |
| 99999 | |
| | |

I certify that the above information is accurate *

Submit

The 2nd address blocks will only show if you select YES to the different physical address. This address is what will be printed on your I20 and put in your SEVIS record for work location.

4. Student Experiential Learning

- a. You must download the most recent form every time you complete the CPT application
- b. Please follow the instructions to complete the form correctly and avoid increased processing time

CPT Authorization Request - Student Experiential Learning

MAIN PAGE | CPT Authorization Request

(*) Information Required

Download and complete the Student Experiential Learning Agreement document below. Review all information on pages 1, 2 & 4. Complete all requested information on pages 3 & 5. This document must be signed by the student and the employer for curricular practical training (CPT) approval. Failure to complete this document in its entirety will result in automatic denial of CPT authorization request.

To download the file, access the link below. Then you can click on File -> Download -> Microsoft Word (docx.)

<u>Student Experiential Learning Agreement</u>

Student Experiential Learning Agreement Additional Instructions

Please upload the completed Student Experiential Learning Agreement provided above. Failure to obtain required signatures will result in automatic denial. *





Once you submit this form, you will need to go back to the Main Page of the CPT authorization request to complete the CPT Submission form.

If you do not do this, we will not receive your application for review.

5. Submission

- a. You must agree to all the points in this form
- b. You will only see the submit button if all the previous forms have been submitted correctly.

CPT Authorization Request - Submission

MAIN PAGE | CPT Authorization Request *** SUBMISSION/CANCELLATION BLOCKED *** You cannot submit this form until all prior required forms have been submitted. (*) Information Required Please review this pdf before submitting this form. By submitting my electronic signature below, I certify that I agree with the following statements. l am the person who completed the CPT Application. * 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 by submitting the Change of Personal Information form within 10 days of any change. * I must maintain health insurance coverage for myself and my dependents unless I have received a waiver. * I agree that I must wait to begin working until I have received my I20 with CPT authorization and employment start date to legally start working. * I understand that if I am approved for CPT I will be added to a required course titled BA6000Z -Graduate Internship each semester that I am on CPT. This course will be active for the entirety of my CPT authorization period and I must pass the course in order to continue with CPT authorization in the following semester. I understand that no assignments will be accepted late in this course and if I receive below a 70% in this course, I will not be eligible for CPT in the next semester. *