

F-1 Student Application for Curricular Practical Training

Name _____ Date of Birth _____

Local Address _____ Phone number _____

_____ Home country _____

Major _____ Expected Date of Graduation _____

Mentor or Instructor Name _____

Beginning and ending dates of CPT -- start _____ end _____

Name and address of EMPLOYER _____

Telephone number of employer _____ Your personal email address _____

Signature _____

If you select option number two, the ***Independent Study*** for three hours credit, the following information must also be provided by the people listed:

“Recognizing that actual work experience is a valuable component of a student’s education, and having discussed with the student the relevance of his chosen CPT work experience, I, as mentor or instructor, recommend the student above for this practical training.”

Mentor signature _____

Independent Study Course Instructor Signature _____

Course Description _____

Is there a written component to the course named above? Yes _____ No _____

“The above named student is classified as a senior at MMC and has registered for the independent study course as identified on the line above.”

Registrar’s Signature _____ Date _____

Approved by DSO/ISA _____ Date _____

Please direct any questions to the Martin Methodist College International Student Adviser – Georgia Ude -- Room 200, Johnston Center -- Telephone 363-9863

