## International Student CPT Authorization Request

Part 1: Abouthe Student		
Family Name:	Given Nam(e):	
Student ID Number L	SEVIS Number: N	
UNA Email:	Phone Number:	
Local Address:		
Major:		

## International Student CPT Authorization Request

Part4: CPTInternshipnformation				
Employer:				
Employer Address:				
Supervisor:	SupervisorTitle			
Supervisor Phone:	Supervisor Email			
Hours per week of activity				
Are you enrolled in other UNA courses in the same semester as this courses No				
Description of CPInternship (Provide details AND include a written offer				

Please continue on additional pages or provide attachments as necessary.

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## Part6: StudentAcknowledgement

- x I understand that I attodying in the United States of arisa. This visa status requires that attodying in the United States of arisa. This visa status requires that attodying in the United States of arisa. This visa status requires that attodying in the United States of arisa.
- x I am enrolled in a course at the University of North Alabama. This CPT internship is in fulfillment of course objet the supervision of the course instructor shown above.
- x When CPT authorization is shown on page 2 of the Form QPT internsibile gally authorized and I can be verified in the Everify system.
- x CPT intesthipmust not occur outside of the legithlyrized dates as shown on the 260 mmd-must be limited in number of hours to the extent legithlyrized on the Fo200. IPartime CPT employment must not exceed 20 hours in any seven appearance. Full the CPT employment requires more than 20 hours in the center of t

x If the **C**T internship changes in scope from the documentation provided at the time of authorization, I must notif

- instructor and the school official immediately.
- x If the CPT internshipds prior to the authorization dates, I multiperionity uctor and theosethofficial immediately.
- x The penalty for unauthorized employment is termination of the domest of status in the United States.

By signing below, I acknowledge that I have read and understood the statements above, and I agree to abide by them.

StudentNamem.-