

F-1 Curricular Practical Training Request Form

A. This section is to be completed by the student.

Last Name _____ First Name _____

MCNY ID# _____ School _____

Major _____ Degree Level _____

(Business, Human Serv. or Pub. Affairs)

I am requesting authorization for:
 _____ Part-time Curricular Practical Training (CPT) (no more than 20 hours per week)

My application is for:
 _____ An internship/practicum which is required by all students in my academic program (the internship/practicum may be for-credit or not-for-credit).

I would like to work from (begin date - mm/dd/yy) _____ (end date - mm/dd/yy) _____

Name of employer _____

Street Address _____

City _____ State _____ Zip Code _____

Constructive Action / Course Name _____ Course Number _____ Course Credits _____

I understand the following:

- CPT is authorized for the purpose of fulfilling an academic requirement and is for a fixed time-period for employment needed to meet the academic course requirement to obtain the grade for that class.
- Standard processing for work permission is ten (10) business days and I may not begin employment until I have physically obtained the work permission in the form of the CPT I-20.
- This employment is employer specific to the dates listed on the I-20 form only.

Student's Signature _____ Date _____

B. This section is to be completed by the Dean, Associate Dean, or Program Director.

I confirm that the internship or Constructive Action course listed counts towards the degree requirements and the course is listed in Metropolitan College of New York's course catalog. The internship is in the student's field of study and is a required part of the curriculum.

The employment is _____ part time (20 hours or less weekly.)

Name _____ Title _____

MCNY Dept. _____ MCNY School of: _____

E-Mail _____ Phone Extension _____

Signature _____ Date _____