



# NATIONAL AMERICAN UNIVERSITY

## Curricular Practical Training (CPT) Request

Approval for CPT is given solely for an off-campus or internship where the student receives course credit and such credit is a required component of the student's degree program.

The student cannot begin the internship/work until this request has been approved by the DSO. If this request is approved, it is only valid for the position and employer listed below and for the dates listed below. The student must receive authorization from their DSO if a change in their position or employer becomes necessary.

To be considered for approval for CPT, the student must provide the following to their DSO at least 15 days before the term starts.

This form, completed and signed by the student's prospective supervisor or H.R. representative, and by the appropriate Program Chair.

### **The below section is to be completed by student**

Date: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Family/Last Name First/Given Middle

SEVIS ID: N \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
(MM/DD/YR)

Degree: \_\_\_\_\_

Program of Study: \_\_\_\_\_

What Course does this Internship fulfill? \_\_\_\_\_  
Course Number Section Course Name

### **To be completed by prospective supervisor or HR Representative:**

Please complete the following information:

Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_  
(MM/DD/YR) (MM/DD/YR)

Number of work hours per week: \_\_\_\_\_ Compensation (check one): Paid Unpaid

Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

By signing below, I confirm that the information above is accurate and that I am offering the job of

\_\_\_\_\_ to \_\_\_\_\_ for the aforementioned period.  
Job title Student's Name

Your Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(MM/DD/YR)





\*To be completed by NAU Program Chair and DSO:

By signing below, I indicate that I approve this internship as an integral part of the student's learning.

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Program Chair Signature

Printed Name

Date

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DSO Signature

Approved/Denied

Date

\*Email approvals of program chairs and DSOs only are accepted in lieu of the paper signatures.

The completed form, updated I-20 form with CPT approval, and necessary email approvals, if applicable, are to be imaged to the student's electronic record (DSOs responsibility).

