

OFFICE OF
International Education

Please Return To:

Office of International Education
Marquette University Holthusen
Hall, 4th floor; P.O. Box 1881
Milwaukee, WI 53201

REQUEST FOR CURRICULAR PRACTICAL TRAINING (CPT)

Students with F-1 status may be authorized by OIE to participate in Curricular Practical Training (CPT) programs. CPT programs are required internships/practicums/co-ops offered by sponsoring employers through cooperative agreements with Marquette. The program must be an integral part of an established curriculum as documented by registration in a numbered course catalog (bulletin) class and a documented grading or evaluation component.

I. To be completed by the student:

Your name (Last/Family, First): _____ MU ID: _____

Degree level: _____ Major: _____

By checking this box, I certify that I have read and understand the CPT regulations.

Student signature: _____ Date: _____

II. To be completed by Internship Coordinator or Academic Advisor:

Please provide the required CPT program details below.

Employer/Company name: _____

Training Site Address : _____ (street)

_____ (city) _____ (state) _____ (zip code)

Dates of employment: _____ to _____ Hours per week: _____ (not to exceed 100 hours per credit)

Marquette course number: _____ Number of Credits: _____ Academic Term: _____

Marquette faculty instructor: _____

By checking this box, I certify that I have attached and reviewed the job description for this CPT program.

By checking this box, I certify that I have attached and reviewed the evaluation/grading details for this CPT program.

By checking this box, I certify that this CPT program is part of an existing cooperative agreement between the Employer and MU.

Name of College Internship coordinator or Academic Advisor: _____

Signature of College Internship Coordinator or Academic Advisor: _____ Date: _____

III. Employer Confirmation:

By signing below, I verify that I have read and agree with the CPT program details specified in this form and attached documents.

Employer Name & Title: _____

Employer Signature: _____ Date: _____

Please contact your OIE advisor at 414-288-7289 or via email if you have any questions about this form or the CPT process.