

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 that counts towards graduation and is 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 the credits for this CPT program will count towards the student's graduation requirements.

☐ 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 the job duties for the CPT program directly relate to the student's major.

☐ 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: _____