

OFFICE OF

# International Education

**Please Return To:**

Office of International Education  
Marquette University Holthusen  
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## 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: \_\_\_\_\_

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