



International Student Services Office Curricular Practical Training (CPT) Authorization Form

Student Name: _____ MMC ID: _____
Telephone: _____ Email: _____
Major: _____

Section I: *To be completed by the student*

Have you completed one academic year (two semesters) at MMC? Yes No

What is your GPA? _____

Will you be receiving credit for this internship? Yes No

Do you understand all the policies and procedures for CPT authorization? Yes No

Internship Information:

Employer's Name: _____

Start Date: _____ End Date: _____

How many hours a week will you be working? _____

Is the internship paid or unpaid? Paid Unpaid

Student Signature: _____ **Date:** _____

Section II: *To be completed by ISS Office*

After reviewing this application, the student's request is: Approved Denied

DSO Name: _____ DSO Signature: _____

Date: _____ Updated in SEVIS: _____