



## Curricular Practical Training (CPT) Authorization Form

### To Be Completed by Site/Employment Supervisor

Instructions for Employer: Thank you for taking the time to complete this form. By doing so, we may authorize our student to legally work for you. This information is required according to federal visa regulations. Please note that the student may not begin working until the CPT has been authorized. Our normal processing time is approximately five business days. Please contact us if you have any questions.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_

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

Work Site Address: \_\_\_\_\_

Position Title: \_\_\_\_\_

Brief description of work (duties and responsibilities of this job/internship experience):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Training/Work\*: \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY)

\*Dates must align with the academic semester dates in which the CPT is taking place. The start date can be before the semester begins but must be after the previous semester ends. Further, the end date can be after the semester ends but must be before the next semester begins.

Student will be working (check one):

☐ Part-time (20 or less hours/week) - Paid

☐ Full-time (21 or more hours/week) – Paid

☐ Part-time (20 or less hours/week) – Unpaid

☐ Full-time (21 or more hours/week) - Unpaid

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name & Title (Printed): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please print this form on official company letterhead or attach official company seal or stamp and return by email to [international@xavier.edu](mailto:international@xavier.edu)