



## Curricular Practical Training Request Form

### Student Information To be completed by the student

Family Name:	First Name:
Wheaton ID Number:	SEVIS ID Number:
Major/Department:	
Telephone:	Student's Email:

### Employment Information

Job Title:	<input type="checkbox"/> Part-time (20 hours per week or fewer) <input type="checkbox"/> Full-time (more than 21 hours per week)		
Requested <b>Start Date</b> : (no earlier than the first day of semester's instruction)	Requested <b>End Date</b> : (no later than the last day of finals)		
Company Name			
Company Address			
Street:	City:	State:	Zip code:

**I have read the CPT guidelines and understand that total employment hours (on and off campus) must not exceed 20 hours per week while school is in session, unless permission is given.**

Student's Signature: *(Typing your name above constitutes your electronic signature.)* Date:

### Academic Department Recommendation To be completed by the Faculty/MAP Advisor, Course Professor or Advisor to program

Advisor's Name:	Department:
Telephone:	Email:
Student's Expected Program Completion Date:	
See the Wheaton Center for Global Education website for guidelines on CPT. For this CPT, the student is:	
<input type="checkbox"/> satisfying a degree requirement (major requirement or Sophomore Experience)	
<input type="checkbox"/> receiving course credit in the following course ( <b>course number required</b> ): _____	
<i>By signing below, I confirm that this work experience is directly related to the student's academic program.</i>	
Optional Comments:	
Advisor's Signature:	Date:

*(Typing your name above constitutes your electronic signature.)*