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COOPERATIVE EDUCATION PROGRAM CPT I-20 APPLICATION & APPROVAL FORM

NOTE: Please attach your offer of employment letter; a detailed job description and a copy of your existing I-20 to this form. Complete Part I of the form, sign it and submit all your documentation to the Director of Cooperative Education. Applications will be processed within FOUR business days.

PART 1

Personal Information:

Student Name: _____
Current Address: _____
Cell / Phone Number: _____
Email Address: _____

Student Signature & Date:

Signature: _____
Date: _____

PART 2 For Administration use only:

Offer letter	Yes	_____	No	_____
Job Description	Yes	_____	No	_____
Full time job:	Yes	_____	No	_____
Type of Position:	Wage	_____	Volunteer	_____
Transcripts	Yes	_____	No	_____
Grade Point Average of 3.0	Yes	_____	No	_____
Co-op Course:	500/600:	_____	510/610	_____
Proof of Course Registration:	Yes	_____	No	_____

Director of Cooperative Education Signature & Date

CPT-I20 Application Accepted _____ Rejected _____

Signature: _____
Date: _____