CPT EXTENSION REQUEST FORM

Request for extending CPT authorized dates for the Current Semester

This form should NOT be used to request an extension of your current semester CPT into the next semester. If you wish to continue your current CPT employment into a new semester, you will need to apply for the new CPT authorization for that semester. If you are graduating in the current semester, you are NOT eligible for an extension of your CPT end date past the official graduation date.

**** Employers please print this form on your official company letterhead****

Student's Name: _____
(LAST) (First) (Middle)

A. Date to which you are requesting current CPT authorization be extended:_____
Current CPT Authorization CANNOT be extended beyond the final end date for that semester.

B. Reason why you need the authorization extended:

_____

C. Number of hours the student will work per week during the extension period: _____

D. Will the job duties or title during this extension period change from what was stated in the original job offer letter originally submitted for this CPT authorization? ___ YES ___ NO

If YES, please list any new or additional job duties during this period:

_____

E. Will the job offer location during this extension period change from what was stated in the original job offer letter originally submitted for this CPT authorization? ____YES ____NO

If YES, please list the address of the new location below:
CompanyName: _____
Street Address: _____
City, State, and Zip code: _____

Original signatures of both student and employer are required.
We would like to request an extension to the student's current CPT authorization end date. We certify that the above information is complete and correct.

_____
Employer's Name Employer's Signature Date

_____
Student's Name Student's Signature Date