



Curricular Practical Training (CPT) Form

Student Information:

Family Name:	Given Name:
LLU ID #:	Email Address:

CPT Information: *(Additional Sites on Page 3)*

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Student Acknowledgement:

To meet the requirements as an F-1 International Student at Loma Linda University (LLU),

I, _____, agree that:
Student Given Name and Family Name

1. I deem the information above as correct to the best of my knowledge.
2. I will notify the International Student & Scholar Services office if there are any changes in my CPT listed above or if I have any additional sites off campus to report.
3. The above information pertains to a curricular requirement for me to complete my current program/degree, and not for personal gain.
4. Working full-time, if applicable, under CPT affects my eligibility for a full-term (12 months) of Optional Practical Training (OPT).

I understand that failure to meet any of the above requirements may result in termination of my I-20 and F-1 immigration status at Loma Linda University.

Student Signature

Date

ISSS Advisor



Curricular Practical Training (CPT) Form

School/Department Acknowledgement

By signing below, I agree to the following:

- I acknowledge that the student and rotation site information are correct, and that the above activity is a curricular requirement for the student's program/degree.
- I agree that I will notify the International Student & Scholar Services office with any changes pertaining to the student's site information above.
- I understand that students who work full time (20-40 hours a week) under CPT become ineligible for a full 12 months of Optional Practical Training (Part-time CPT does not effect a student's eligibility for a full 12-month term of OPT).
- I understand that falsified information can result in legal consequences, including termination of the student's F-1 immigration status at Loma Linda University.

Print Name (Academic Advisor or Department/Program Chair)

Department

Extension

Email

Signature

Date



Curricular Practical Training (CPT) Form

CPT Information: Additional Sites

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)

Course Number:		Course Name:		
Site Name	Site Address (Street # and Name, City, State,	Start Date	End Date	Number of Hours (per week)