Washington University in St. Louis
OFFICE FOR INTERNATIONAL STUDENTS
AND SCHOLARS

CPT APPLICATION FORM

This application must be completed and signed by the designated members of your department, and then submitted to the Office for International Student & Scholars (OISS). This application is subject to approval of OISS. You are not eligible to work until you have an updated I-20 that authorizes you for CPT work on page 2. Students must also submit a job offer letter or complete the Certification of CPT Position form with their CPT request in MyOISS. **Please allow up to 5 business days for OISS processing AFTER the CPT Authorization request is submitted in MyOISS.**

CPT authorization is valid only between the dates and for the employer indicated on the I-20. An extension of CPT must be initiated by the student before the current CPT period expires.

You must complete one academic year of full-time study before you are eligible to request CPT. Exceptions to this rule may exist if your program requires immediate participation. You must be enrolled for the corresponding CPT course as determined by your department. Students who use 12 months of full-time CPT are no longer eligible for Post-Completion OPT authorization. If you are planning to use CPT for more than 12 months, you should talk to your OISS adviser about how it will affect your eligibility for Optional Practical Training.

TO BE COMPLETED BY THE STUDENT

Student Name_____ ID#_____ Date of Birth _____
　　　　　　　First name　　　　　Last name

Student Signature_____ Date _____

_____ Number of Hours of Work per Week (the maximum, not the average, for any given week)

Beginning Date of Employment (MM/DD/YYYY) _____ Ending Date of Employment (MM/DD/YYYY) _____

Job Description (List of Duties)

Employer Name and Address _____
　　　　　　　　　　　　　　Company, Business or Educational Institution

_____
Street Address　　　　　　　　　　　　　　　　　City　　　　　　　State　　　Zip Code

TO BE COMPLETED BY THE DEPARTMENT

Course Title_____ Course Number_____ # of Units _____

Semester during which course will be taken (ex: Fall 2025) ❑ Fall_____ ❑ Spring_____ ❑ Summer_____ ❑ Academic Year _____

How will this course be evaluated? (Please explain)

How is this employment an integral part of this student's academic program? (Please explain)

Approver Name_____ Phone or E-Mail _____
　　　　　　　First name　　　　Last name

Approver Signature_____ Date _____

Approver Name #2_____ Phone or E-Mail _____
　　　　　　　　First name　　　　Last name

Approver Signature_____ Date _____

Approver Name #3_____ Phone or E-Mail _____
　　　　　　　　First name　　　　Last name

Approver Signature_____ Date _____