Curricular Practical Training (CPT) Student Information Form and Application Cover Sheet



HAMPSHIRE COLLEGE MULTICULTURAL & INTERNATIONAL STUDENT SERVICES (MISS)

To be completed by student *Instructions:* Submit this completed form along with your ENTIRE CPT application by mail OR in-person to the MISS office, 2nd floor Cultural Center. Electronic mailing is not accepted.

Student I	Name	SEVIS Number	
U.S. Phone Number		Hampshire Email Address	
Passport	Expiration Date		
Propos	sed training details: *training cannot be extend	ed	
Employ	/er name		
Beginni	ing date Ending date		
Deginin	ing date Ending date (MM/DD/YYYY) (MM/I	DD/YYYY)	
Numb	er of hours to be worked per week (please circle on	e): Part Time (up to 20 hrs/week) Full Time (up to 40 hrs/week)	
Check here if you will report NEW CIP codes with your CPT application			
	I have met with my division chair to establish specific academic objectives to accomplish during this training period. My		
employer has been made aware of these objectives and understands that this training is being completed in order to fulfill my division requirements per my current division contract and Fields of Study, "CIP codes."			
	ny analon requirements per my current analon con		
Student Signature		Date	
	Arrange your ORIGINAL application of	locuments in this order: *DO NOT staple	
	Division Chair Recommendation Letter *must be printed on Hampshire letterhead		
	Employer Letter *must be printed on employer letterhead		
	Current Filed Division Contract *must be p	rinted from The Hub	
	Class Schedule for the semester you will en showing pre-registration for the next seme	ngage in CPT or if summer CPT submit class schedule ester *must be printed from The Hub	
	CIP Confirmation Form, ONLY if NEW CIP c	odes will be reported	