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## **CURRICULAR PRACTICAL TRAINING (CPT) REGISTRATION FORM**

Name:	_
Student ID #:	_
Employment Start Date:	
Employment End Date:	
Work Schedule:	
Employment Information	
Employer's Name:	
Job Title:	
Employer's Address:	
City:	
State:	
Zip Code:	
Explain how the employment is an integral part sheet if necessary)	t of your course work: (attach another
Student Signature:	
For Office Use Only: Registered in Banner?	Registered in SEVIS?