

200 S. Central Campus Drive, Union 410 | Salt Lake City, Utah 84112-9113 | Phone 801-581-8876 | international@utah.edu | www.issu.utah.edu

This form must be completed by the employer who offers a position of temporary employment to any F-1 international student of the University of Utah applying for CPT work authorization. Please complete this entire form and return it to the student for submission to the ISSS Office via the CPT E-form. You can learn more about CPT [here](#). **ISSS authorization must be granted on a new Form I-20 before the student may begin CPT employment. The information on this form may be reported to the U.S. Department of Homeland Security (DHS). All fields must be answered.**

Student information: _____
Student's official First Name
Student's official Last Name
Major

Employment/Internship Information

Employer/Company/Organization Name: _____

Employer/Company/Organization Address: _____
Street # and Name
Suite #
City
State
Zip Code

Will the student be employed and/or paid through a management company, contracting agent, or a similar arrangement? NO YES If YES, provide this information below:

_____ Contracting Agent's Name
Street # and Name
Suite #
City
State
Zip Code

Is the internship being performed virtually at a **remote location**? NO YES If YES, provide physical address of remote work below:

_____ Street # and Name
Suite or Apt #
City
State
Zip Code

Please provide an explanation as to how the student will receive supervision from the employer remotely.

Requested CPT Start Date: _____ (MM/DD/YYYY) Requested CPT End Date: _____ (MM/DD/YYYY)
Cannot begin before the start of the term
Student is only authorized by semester

Please check one: Full Time CPT (more than 20 hours/week) OR Part Time CPT (less than 20 hours/week)

Employment/Internship Program Position/Title: _____

Student's Main Duties: Please list/describe the type of training with specific responsibilities to the student

This description will be used to verify that the job is related directly to the student's major at University of Utah. Incomplete job descriptions may result in CPT delays or denials. If you need more space than what is provided, you may attach a separate sheet of paper written on company letterhead.

Direct Supervisor's Name: _____ Phone or Email: _____

My hand signature below confirms the information provided on this form is true and accurate and I understand that the student will only be permitted to work during the authorization dates listed on their I-20.

Printed Name of Employer/Company/Organization Representative Completing this Request Form
Title

Employer/Company/Organization Representative's Hand Signature
Date

****Please note: falsifying documents or submitting fraudulent documents is a serious offense. Students engaging in fraudulent behavior may be subject to university and/or immigration sanctions.****