

## CPT Employer Information Sheet

This internship information is for: \_\_\_\_\_  
Student's First Name Student's Last Name

### Employer Information

Employer's name (as it appears on I-9 if necessary): \_\_\_\_\_

Company address *Note: For an in-person internship, please use the full physical address of the office/branch at which the student works. For remote internship, please provide the full physical address of the office/branch which will supervise the student. When a third party is involved, provide the physical address of the I-9 employer. Due to the regulations, please use the street address, not PO Box.*

\_\_\_\_\_  
Street # and Name Suite # City State Zip

Is the internship being performed virtually at a **remote location**? Yes \_\_\_ No \_\_\_

Does this internship get supervised by a **third-party company**? Yes \_\_\_ No \_\_\_

If yes, provide the information below:

Name of third-party company \_\_\_\_\_

Physical Address \_\_\_\_\_  
Street # and Name Suite # City State Zip

### Job Information

Student's Job Title: \_\_\_\_\_

Student's Main Duties:

Start Date: \_\_\_\_\_ (MM/DD/YYYY) End Date: \_\_\_\_\_ (MM/DD/YYYY)

*Your CPT I-20 may have a general authorized end date. If your academic department determines you should end my internship earlier than the date listed on your I-20, you must abide by the date set by your academic department.*

Number of hours to be worked per week: \_\_\_\_\_

*If you anticipate working both part-time (less than 20 hours a week) and full-time (more than 20 hours a week) during this CPT employment period, you must complete and submit a second CPT Employer Information Sheet with those dates and hours.*

**The information above is correct within my knowledge.**

Official company representative name (please print): \_\_\_\_\_

*Your signature below must be either a verifiable digital signature or wet ink signature. Typed signatures will not be accepted.*

Official company representative's signature \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)