

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): _____

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