

CURRICULAR PRACTICAL TRAINING & ACADEMIC TRAINING REQUEST FORM

NAME:		MAJOR:
F-1 or J-1 STUDENT:		ACADEMIC DEPARTMENT:
Name of Employer:		
Start Date:	End Date:	Full-time or Part-time
Address of Employer/ Site of employment: <i>(please do not list a PO BOX)</i>		
Street: _____		
City: _____ State: _____ Zip Code : _____		
Name of Supervisor:		
Duties of the position:		

Please answer the following questions:

- 1) Have you ever been granted Curricular Practical Training before, either at Rider University or at another institution? Yes No

- 2) If yes, was this employment on a full-time basis or part-time basis?
 Full-Time: more than 20 hours per week/ Part-Time: 20 hours per week or less

3) Please state the name of your previous CPT/AT employer and the dates of that employment:

Employer: _____
 Address: _____ Dates
 of employment: _____

By completing this form, I confirm I have received an offer of employment from the employer and will provide supporting documentation such as an offer of employment and academic department approval along with this application for authorization.

Signature: _____ **Date:** _____