

# Knowledge Systems Institute Graduate School



## Curricular Practical Training Application Form

*Student must complete all fields:*

Student Name: \_\_\_\_\_  
(First) (Middle) (Last)

Student Address: \_\_\_\_\_  
(Street) (City) (State) (Zip-code)

Student Phone Number: \_\_\_\_\_ Student E-mail: \_\_\_\_\_

Student Signature: \_\_\_\_\_

*Description of the Curricular Practical Training (completed by Student)*

Company Name: \_\_\_\_\_

Company E-Verify #: \_\_\_\_\_ Company FEIN #: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor/HR Manager Contact Information (list email and number):

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

I am requesting: Full Time (21 hours per week or more) Part Time (20 hours per week or fewer)

Describe your job duties. What will you learn from your employment?

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### **ADMINISTRATION OFFICE USE ONLY:**

#### **Student Eligibility Verification – DO NOT RELEASE I-20 UNLESS ALL REQUIREMENTS ARE MET**

- The student is currently making good academic progress and is not on academic probation.
- Student has registered for two courses (minimum) + one CPT
- Student has submitted a tuition payment
- Submission of original company letter
- Copy of signed I-20 in folder
- I-20 released by: \_\_\_\_\_ (initials) date : \_\_\_\_\_
- Spring**  **Summer**  **Fall**  Submission of company evaluation letter [Deadline: two weeks prior to end of semester]