

# SARAH LAWRENCE COLLEGE

## INTERNATIONAL STUDENT SERVICES Curricular Practical Training (CPT) -- Application

### Student Information

Last Name:	First Name:
Student ID#:	SEVIS ID:
<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Program:
Academic Year:	<input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring
Telephone:	Email:
<b>Remarks:</b>	
<b>Student's Signature:</b>	
Date:	

### Employment Information

Job Title:	<input type="checkbox"/> Part-time (20 hours/week or less) <input type="checkbox"/> Full-time (more than 20 hours/week)	
Start Date:	End Date:	
Company/Organization		
Company Street Address: City, State, Zip		
<b>Remarks:</b>		
Supervisor Name:	Telephone:	Email:

**Academic Recommendation:** to be completed by your Don or Faculty Sponsor or the Program Director

Don/Faculty Sponsor/Program Director Name:

By signing below, I confirm that this work experience is related to the student's academic program.

Optional comments:

Signature:

Date: