



## **CPT Renewal Request Form**

Curricular Practical Training (CPT) is a work authorization that allows F-1 international students to participate in internships or off-campus employment directly related to their major field of study. To maintain continuous work authorization, students must submit the CPT renewal form at least two weeks before the start of the upcoming semester.

This specific form is strictly reserved for students who are continuing their employment with the same company in the exact same position. Any alteration to the employer or the student's job title will invalidate this renewal process and require an entirely new CPT application alongside an updated offer letter.

### **CPT Renewal Deadlines & Timing**

Requests for CPT renewal must be submitted and approved before the current CPT end date. Students should submit renewal requests at least seven business days before the expiration of their current CPT authorization. Failure to obtain a CPT renewal before the current authorization expires may result in unauthorized employment.

### **To be completed by student**

|                                      |                                                                                               |
|--------------------------------------|-----------------------------------------------------------------------------------------------|
| Student Name (First - Middle - Last) |                                                                                               |
| Student ID Number                    |                                                                                               |
| SEVIS ID Number                      |                                                                                               |
| Program of Study                     |                                                                                               |
| Date of Birth(MM/DD/YYYY)            | ___ / ___ / ____                                                                              |
| Semester applying for                | <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer |
| Year                                 |                                                                                               |
| Student Signature                    |                                                                                               |
| Date                                 | ___ / ___ / ____                                                                              |

### **CPT Employment Information**

|                                    |                                                                       |
|------------------------------------|-----------------------------------------------------------------------|
| CPT Contact Full Name              |                                                                       |
| CPT Contact Job Title              |                                                                       |
| CPT Contact Company Email          |                                                                       |
| CPT Contact Company Phone          |                                                                       |
| CPT Company Address                |                                                                       |
| Type of Employment (Check One)     | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time |
| Employment Start and End Dates     | ___ / ___ / ____ and ___ / ___ / ____                                 |
| Position intern (Student)will hold |                                                                       |

Please sign below to acknowledge that the student named above can only be approved for Curricular Practical Training (CPT) if they remain eligible, and that any unauthorized employment is a violation of their F-1 visa status.



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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

