

# CPT EXTENSION REQUEST FORM

## Request for extending CPT authorized dates for the Current Semester

This form should NOT be used to request an extension of ~~your~~ current semester CPT into the ~~ext~~ next semester. If you wish to continue your current CPT employment into a new semester, you will need to apply for the new CPT authorization for that semester. If you are graduating in the current semester, you are NOT eligible for an extension of your CPT end date past the official graduation date.

**\*\* Employers please print this form on your official company letterhead\*\***

Student's Name: \_\_\_\_\_  
(LAST)                      (First)                      (Middle)

A. Date to which you are requesting current CPT authorization be extended: \_\_\_\_\_  
 Current CPT Authorization CANNOT be extended beyond the final end date for that semester.

B. Reason why you need the authorization extended:

\_\_\_\_\_

C. Number of hours the student will work per week during the extension period: \_\_\_\_\_

D. Will the job duties or title during this extension period change from what was stated in the ~~orig~~ original job offer letter originally submitted for this CPT authorization? \_\_\_ YES \_\_\_ NO

If YES, please list any new or additional job duties during this period:

\_\_\_\_\_

E. Will the job offer location during this extension period change from what was stated in the original job offer letter originally submitted for this CPT authorization? \_\_\_ ~~YES~~ \_\_\_ NO

If YES, please list the address of the new location below:

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

Street Address: \_\_\_\_\_

City, State, and Zip code: \_\_\_\_\_

**Original signatures of both student and employer are required.**

We would like to request an extension to the student's current CPT authorization end ~~date~~ **We certify** that the above information is complete and correct.

\_\_\_\_\_

Employer's Name	Employer's Signature	Date
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\_\_\_\_\_

Student's Name	Student's Signature	Date
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