

OFFICE OF INTERNATIONAL STUDENT SERVICES
386-226-6579
FAX; 386-226-7920

Curricular Practical Training (CPT) Employment Information

Student Name _____ **Student ID#** _____

1. Employment Start Date: _____ (MM/DD/YY)
2. Employment End Date: _____ (MM/DD/YY)
3. Is the employment full-time _____ or part-time _____
4. Company Name: _____
5. Company Address: _____
(street address)

(city) (state) (zip)
6. Student E-mail Address: _____
7. Mailing address during the CPT experience. The **Department of Homeland Security** requires that all address changes must be reported to the Office of International Student Services within ten (10) days of relocation.

(street address)

(apartment number)

(city) (state) (zip)