

## F-1 STUDENT CPT EMPLOYER FORM

200 S. Central Campus Drive, Union 410 | Salt Lake City, Utah 84112-9113 | Phone 801-581-8876 | international@utah.edu | www.isss.utah.edu

This form must be completed by the employer who offers a position of temporary employment to any F-1 international student of the University of Utah applying for CPT work authorization. Please complete this entire form and return it to the student for submission to the ISSS Office via the CPT E-form. You can learn more about CPT here. ISSS authorization must be granted on a new Form I-20 before the student may begin CPT employment. The information on this form may be reported to the U.S. Department of Homeland Security (DHS). All fields must be answered.

Student information:	Student's official First Name	Student's official Last Name			Major	
Employer Information	Student's official First Name	Student	omeiai East Name		iviajoi	
Employer Information						
Employer/Company Name:						
Employer/Company Address:						
Mellal a la	Street # and Name	Suite #	City	State	Zip Code	
□ NO □ YES If YES, provide this	or paid through a management cor information below:	npany, contracting a	igent, or a similar ar	rangement		
Contracting Agent's Name	Street # and Name	Suite #	City	State	Zip Code	
Is the internship being performed	virtually at a <b>remote location?</b> $\square$ <b>N</b>	O 🗆 YES If YES, pr	rovide physical addr	ess of remote work	below:	
Street # and Name	Suite or Apt #	Ci	City		Zip Code	
Please provide an explanation as to	how the student will receive supervisio	n from the employer re	emotely.			
Job Information						
	(MM/DD/YY	YY) Requested End			(MM/DD/YYYY	
, and the second se	n before the start of the term	_		nly authorized by semes	ster	
Number of hours per week the stu	ident will work while on CPT/Interns	ship: 🗆 1-20 Hours p	oer week 🗌 21-40	Hours per week		
Student's Job Title:						
Student's Main Duties: Please list/	describe the type of training with sp	ecific responsibilitie	s to the student			
	y that the job is related directly to the s				s may result in CPT	
delays or denials. If you need more	space than what is provided, you may a	ttach a separate sneet	of paper written on co	ompany letternead.		
Direct Supervisor's Name:		Phone or Email:				
	s the information provided on this for or the state on their I-20.	orm is true and accui	rate and I understan	d that the student	will only be	
Printed Name of Company Representat	ive Completing this Request Form		Title			
Company Penrocentative's Hand Signat			Date			