

## **Request for Curricular Practical Training**

Date:	
Family Name:	First Name:
Address:	
Phone:	
What is your department of study:	
Undergrads: Do you have a major:	minor:
	MU:
Applying for work authorization, proposed	l dates of employment:
FromTo	Full-time/Part-time
Previous Employment Authorization wh	ile on F-1 status: write in dates below
Practical Training: Optional (OPT)	during or after Bachelors/Masters
Curricular (CPT)	
Severe Economic Hardship:	
Additional SEVIS data:	
SSN or ITIN#:	
Driver's License #:	

**IMPORTANT:** By Law, Changes of Address and Status must be reported to ISS within 10 days. You may email changes to <u>iss@emu.edu</u> or bring changes in writing to ISS.