

Memorandum to Admissions and Records

Curricular Practical Training (CPT) Request Form for ARCH 193

Please submit CPT form 2 weeks prior to start of employment.
 Students must be registered at Cooper Union for at least 2 consecutive semesters before applying.

DATE: ___/___/___

TO: Hala Alkasm, Director, International Students and Scholars Office

FROM: Monica Shapiro, School of Architecture

RE: Curricular Practical Training (CPT) Request Form

Student Information (Part 1)				
Student LAST Name:				Student ID Number ▼
	<small>[PRINT CLEARLY]</small>			
Student FIRST Name:				
	<small>[PRINT CLEARLY]</small>			
Contact Information:	Email:		Phone:	
Date of Birth (mm/dd/yy):		Major:	<input type="checkbox"/> Bachelor of Architecture	<input type="checkbox"/> Master of Science in Architecture
Student's Rising Year:	<input type="checkbox"/> 3rd	<input type="checkbox"/> 4th	<input type="checkbox"/> 5th	<input type="checkbox"/> Grad
Employment Information (Part 2)				
Employer Name:				
Employer Address:				
Position Title:			Offer Letter Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Terms:	<input type="checkbox"/> Full-Time (>20 hrs/wk) <input type="checkbox"/> Part-Time (≤20hr/wk)		<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	
Dates of Employment:	Start Date:	End Date:	<input type="checkbox"/> This work is at least 8 weeks/300 hours	
Position Description (List specific tasks/experiences and how they relate to your list of courses below):				<input type="checkbox"/> Attached
List of Course(s) Benefited by CPT:				

--- STOP HERE: Please save file as is and email document to Monica Shapiro. Monica will take care of signatures. ---

Approvals (Part 3)	
Student Signature:	(Sign) _____ Date: _____
Associate Dean's Signature:	(Print) _____ (Sign) _____ Date: _____
Monica Shapiro Signature:	(Sign) _____ Date: _____
DSO Signature:	(Sign) _____ Date: _____